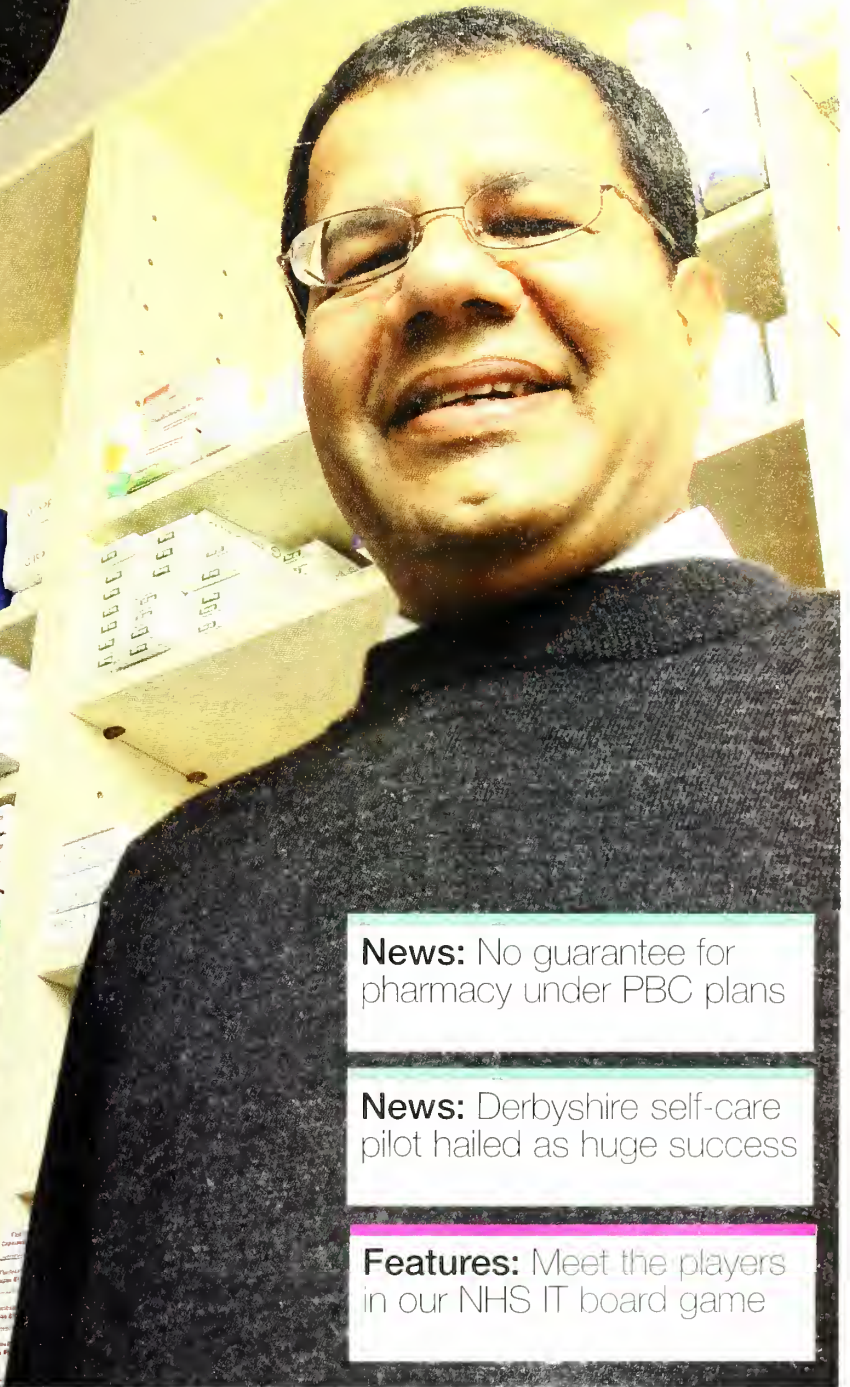


C+D



News: No guarantee for pharmacy under PBC plans

News: Derbyshire self-care pilot hailed as huge success

Features: Meet the players in our NHS IT board game

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Changing the way we supply our medicines

The need for change

We are changing the Pfizer UK supply and distribution arrangements to allow us to take full responsibility for our medicines from the point at which they leave our manufacturing centres until they are sold to our customers who dispense them.

As the major supplier of medicines to the NHS, we are very aware of, and increasingly concerned about, the complexity of the supply chain and the implications for our medicines. We are confident that as a result of our changes Pfizer will:

- be better able to manage supply and be more responsive to stock-shortage situations so that pharmacists and patients are better able to obtain Pfizer medicines
- reduce the risk of counterfeit medicines by securing the distribution of the supply chain so that pharmacists and patients can be confident they will receive genuine Pfizer medicines from Pfizer
- have improved visibility over the supply chain, and be better able to trace and recall Pfizer medicines with complete confidence if and when required

Under the new system, pharmacists will be able to buy Pfizer prescription medicines directly from Pfizer with complete confidence.

Working with pharmacists

Pfizer believes that pharmacists are increasingly important customers. The new distribution arrangements will enable us to get closer to pharmacists and over time develop a beneficial partnership.

We will continue to maintain our substantial financial investment in distribution and continue to offer cash discounts because this is what pharmacists have told us they want.

Over time, our intention is to develop a wider range of other service-based offerings for pharmacists, based on analysis of customer needs and the new pharmacy contract.

How will it work?

- Pfizer prescription medicines will be distributed by UniChem Limited
- Pfizer and UniChem will jointly ensure full coverage for all new and existing UK customers, and ensure current service patterns are maintained

Next steps

We anticipate that the new arrangements will go live in the first quarter of 2007. Over the next few months, we will ensure we communicate with pharmacists to help them understand the changes. This communication will be driven by the Pfizer pharmacy team and through the pharmacy media.

If you already have an account with UniChem, there will be minimal changes. If not, Pfizer and UniChem will be contacting you shortly to explain the changes further and support you through the sign-up process.

We understand that you will have questions and possible concerns over this change. To find out more, please log on to www.pfizerdtp.co.uk or call our dedicated pharmacy customer service team on **0845 608 8866** who can put you in touch with your local pharmacy representative. No further information is available on the discount scheme at this point.



C+D

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Cover: This week's Pharmacy Champion is Sunil Bajaria, right, who runs the Pharmacy of the Future at Thamesmead. Picture: Charles [unclear]



GP praise tarnished by concerns over enhanced pharmacy role

Politics Services such as MURs are increasing GP workloads without extra remuneration

Jennifer Rigby

Doctors approve of pharmacists' enhanced role in principle, but have reservations about it in practice – particularly when it encroaches on or causes problems in their own practices, the British Medical Association has said.

Presenting its evidence at the All-Party Pharmacy Group Future of Pharmacy consultation last week, the BMA voiced concerns over pharmacist prescribing, enhanced services such as medicines use reviews, 100-hour opening and pharmacist-doctor competition, but stressed that they valued the work of pharmacists highly.

Dr Brian Dunn of the BMA revealed that some services, such as MURs, which are supposed to lighten the load on doctors, are actually burying them under more paperwork. He said: "Often, a pharmacist has an idea – a good one – which the PCT funds. But then the GP is landed with it, which gives them extra work to do that they aren't paid for when they haven't been consulted."

Dr Howard Stoaite, the MP chairing the APPG's inquiry, said: "At the

moment MURs simply take too much of a GP's time, because there aren't the integrated facilities. So much of the benefit is being lost."

The session concluded better communication was needed to ensure that the NHS runs smoothly for staff and patients. MP Sandra Gidley said: "I am sure the report we publish following this inquiry will call on GPs and pharmacists to redouble efforts

to achieve closer working relationships between the professions at a local level."



Howard Stoaite: benefits are being lost



Brian Dunn: GPs buried under paperwork

Representatives from independent and multiple pharmacy groups are

due to head an APPG evidence session next week.

All-Party Pharmacy Group review: the doctors' response

- 24 hour surgeries do not need pharmacists to be there 24 hours to dispense emergency medicines – the pharmacist could sign the drugs off and the doctor can dispense in out-of-hours emergencies.
- The BMA suggested that 100-hour pharmacies are not providing an adequate level of care – the inquiry is going to look into this.
- GPs would like to see pharmacists help with compliance and patient

understanding of medicines.

- GPs do not doubt pharmacist drug knowledge. But doctors do have concerns over pharmacist prescribing because of a lack of diagnostic skill, lack of examining facilities and lack of patient records – although GPs aren't particularly keen on releasing these records to pharmacists either.
- Competition between GPs and pharmacists could cause a problem

if GPs perceive that their money is going elsewhere. Suggested joint remuneration if there is joint responsibility.

- Lynn Cole from the Royal College of Nursing suggested that they would like to see a pharmacist in every nursing home, and want pharmacists to become involved with helping treat terminally ill patients at home.

No guarantee for pharmacy under PBC plans

PSNC conference Improved commissioning will be achieved 'through dialogue not through a top-down directive'

Ailsa Colquhoun

Minister for pharmacy Andy

Burnham has ruled out any chance of directing practice based commissioners to include pharmacy in their plans.

"We see PBC as a key part of the overall drive to improve commissioning. While I appreciate that it is not as inclusive as it could be, we want to see things develop. But we will do this through dialogue and not through a top-down directive. I am confident that this will happen in time," he told delegates at this week's PSNC conference in Birmingham.

Already, pharmacists are seeing a significant increase in the number of



Andy Burnham: PBC is key part of drive to improving commissioning

PCTs commissioning enhanced services and pharmacists with a special interest will also help move services closer, Mr Burnham stated.

Developing local commissioning is a key reason why the PCT reconfiguration is taking part, he maintains. "We want to enable PCTs to provide innovative services."

Mr Burnham told delegates that the Department of Health sees community pharmacies as an important front door to the NHS, and as having played a crucial role in maintaining continuity of supply during the transition to the new home oxygen therapy service, which the minister maintains will, ultimately, be a better service.

"They [pharmacists] are also an

example of a public-private partnership that has stood the test of time," he added.

"Urgent care, COPD, sexual health this is the way forward. It's what we want to see in terms of innovative commissioning. It's the direction we want to see pharmacy moving in."

Although continued financial reform of the NHS will be part of this process, Mr Burnham was unable to offer the promise of ring-fenced funds for pharmacy enhanced services.

"There is a direct responsibility on each part of the country to spend money wisely," he said.

For more on the PSNC conference see p14-15



Memoirs of a survivor: the 2006 Lilly Oncology on Canvas competition invited people from all over the world to put their feelings about cancer into a work of art. This painting by Linda Dibblee, a breast cancer survivor from Illinois in the USA, was chosen as the winner from more than 2,000 entries. The bold acrylic, 'Hair Again', was created while she was having radiation treatment and captures the end of her cancer treatment and the hope and joy that followed. Artwork from the competition is on display this weekend at the Royal College of Art in Kensington, London

RPSGB issues warning after violent attack by barred pharmacist

RPSGB Employers asked to alert Society to 'unfit' pharmacists

Tom Hawkins

Pharmacy owners have been

warned about the conduct of an Australian pharmacist who sparked chaotic scenes when he attacked an RPSGB official with an iron bar at a disciplinary hearing.

Samuel Edwin Ashby, 61, was struck off the RPSGB Register at a meeting of the Society's Statutory Committee on October 25.

On hearing his fate from tribunal chairman Lord Fraser QC, Mr Ashby remarked: "I've had enough of your bullsh*t", and climbed over the desk demanding action about pharmacy in his country.

He then produced a foot-long metal bolt and attacked Desmond Fitzgerald, the Society's interim head of professional conduct, leaving him requiring hospital treatment for a head wound.

Mr Ashby was arrested and taken

to Kennington police station following the incident. He has since been released on bail pending further investigation.

The RPSGB issued an alert on its website warning that Mr Ashby could be seeking employment since he will not officially be removed from the Register until the end of January 2007 at the earliest.

Details of his behaviour have also been issued via the chief medical officer, MHRA and DH.

Mandie Lavin, director of fitness to practise and legal affairs, said the Society was taking the matter "very seriously" and considering the appropriate next steps, including a review of security.

"We have a security presence in the building. We need to review that, there's no doubt about it," she said.

The tribunal upheld a series of complaints relating to Mr Ashby's time at Weymouth, Norwich,

Llandridnod Wells and Bridlington, including claims of verbal abuse, dispensing methadone without prescriptions and physical assault of a member of staff.

Mr Ashby, who has three months in which to appeal the RPSGB decision, was described by the Society as coming from Australian farming stock heritage: "Fine people generally imbued with a robust good sense".

However, Lord Fraser said that while giving evidence, Mr Ashby was "high on self-importance and self-pity but low on interpersonal skills".

Collette McCreedy, director of pharmacy practice at the NPA, said the case demonstrated the fact that pharmacy owners should question employees beyond their membership of the Society.

She said: "All pharmacists, if they know someone who is practising who is not fit to practise, have a duty to report that."

News in brief

E-pharmacy logo

The RPSGB is recruiting online pharmacies to pilot a logo scheme showing that the site they are using is a registered pharmacy. Clicking on the logo transfers customers to information about the pharmacy and the pharmacists involved.

"We have been campaigning for a scheme to give legitimate sites credibility and welcome this scheme," said Daniel Lee, managing director of Leeds-based online pharmacy firm Pharmacy 2U.

Counterfeit condoms

The Medicines and Healthcare products Regulatory Agency has seized 17 packets of counterfeit condoms from a newsagent in Hounslow, London.

The Durex Extra Safe condoms were found not to contain the rubber accelerator normally used by manufacturer SSL, but they had the same batch number (20604354) as genuine products distributed in the UK between March 18 and May 27, 2005. Pharmacists who may have sold condoms from this batch should contact Durex on 0800 338 739.

ETP coverage continues

Connecting for Health has accredited Positive Solution's Analyst system for the electronic prescription service.

Positive Solutions' commercial manager, Martin Jones, estimates nearly 85 per cent of pharmacies in England will now have access to EPS rollout. He thinks PCTs will move ahead rapidly with their local deployment programmes and put increasing pressure on pharmacies to adopt the new systems, he claimed.

Win £200 M&S vouchers

Complete the readership survey in this month's Pharmacy Today for your chance to win £200 of Marks & Spencer vouchers. Ten runners-up will win a travel bag. Send us your survey by December 1.

Urine bag recall

Coloplast is recalling the Coloplast urine bag 1,500ml, 99cm, sterile, with a production date and lot numbers 5404000000 and 576109, due to a defect in the bag. More details at www.coloplast.co.uk

Short lifespan for 100-hour pharmacy

Contract Closure request put in after two months

A 100-hour pharmacy that became the fourth dispensary to open in a small Yorkshire town has closed after just eight months.

C&A Pharmacy Ltd was granted a contract via the control of entry exemption and began trading in January at South Elmsall near Wakefield.

Two months later the pharmacy put in a request to close within one month. A spokesperson for Wakefield District PCT said the pharmacy was made to serve its full notice term of six months after it failed to provide evidence for the closure request.

C&A faced competition from neighbouring Rowlands and Alliance pharmacies also on Barnsley Road as well as the nearby White Rose Surgery dispensing doctors.

NPA pharmacy business manager Raj Nutan said the closure highlighted the challenge facing 100-hour pharmacies. "It underscores the importance of opening with adequate demand and the general principle of necessary and desirable being taken into account," he said.

C+D was unable to contact C&A Pharmacy Ltd for comment. **TH**

Pharmacy remains unsure over rights to e-records

IT Project update prompts access concerns

Pharmacy figures have voiced concern over access to electronic patient records as Lord Warner revealed fresh details on how the service will work this week.

The health minister said NHS staff could expect to share information unless patients opted out of the scheme, during a speech at the Health Service Journal Conference in London this week.

Access to NHS care records will be smartcard and pass code protected with the level of patient information available determined by the role of the staff member, added Lord Warner.

Industry experts urged unrestricted access for contractors to ensure the profession can maximise patient care.

Martin Jones, commercial manager at Positive Solutions, a company developing EPS systems for pharmacists, said: "Pharmacists need full access to the records to help their patients. But, also – and I think people

Derbyshire self-care pilot hailed as huge success

Practice Pharmacists brief patients on heart disease, asthma and minor ailments

Jennifer Rigby

A major self-care programme involving Derbyshire contractors is the first successful step towards a new model of the NHS.

Speaking at the WiPP Self-Care conference this week, project leaders said the action research project, run in Erewash PCT for a year from February 2005, had changed patient and professional attitudes towards self-care.

Professor Mike Pringle, who chaired the steering group leading the project, said: "For more than 50 years, since the NHS was set up, we've had this paternalistic approach to healthcare – sort of, 'trust us, we'll do it all' – but this is clearly not going to work. Moving this into a self-care partnership with patients is one of the main ways to deal with ever increasing healthcare demands."

The project encouraged pharmacists, GPs and other healthcare workers to help patients to help themselves in three distinct strands – preventing coronary heart disease, promoting asthma management and improving mothers' treatment of



The self-care programme was praised at the WiPP Self-Care conference, which took place in London this week

minor children's ailments.

The health workers promoted self-care through community focused interventions (such as questionnaires in payslips), education days and minor ailments initiatives, such as Pharmacy First, which encouraged the patient to go to their pharmacist before their doctor for advice. All schemes had a positive effect on patients' knowledge and

confidence, the group reported.

"Self-care is not a substitute for healthcare," stressed Gerald Zeidman, a pharmacist also on the steering group. "When people self-care, they need help and advice on medication and how to stay healthy and this is where your accessible community pharmacist comes in."

For more information on self-care, go to www.wipp.nhs.uk

Pharmacy aids fire-hit homeless

Practice Staff lead emergency response

A Yorkshire pharmacy stepped up to provide emergency medical supplies to people evacuated from their homes this week when an arson attack triggered explosion fears.

Staff from Wicker Pharmacy kept the store open until midnight to provide vital medicine to people forced to spend the night at Herringthorpe Leisure Centre.

The residents were among around 150 people from Masborough, Rotherham, who fled their homes when an acetylene cylinder was discovered by firefighters battling a

blaze following the arson attack.

Deputising doctors from Healthcall, Sheffield, wrote prescriptions that were sent to Wicker Pharmacy by the police.

Martin Bennett of Wicker Pharmacy said: "There were epileptic patients in there who required medicines. This is largely not considered when people look at emergency planning"

The leisure centre provided the homeless residents with air beds for the night. They were allowed to return home 24 hours later. **TH**



Martin Jones: pharmacists need full access

often forget this – so that everyone else has a clear picture of whether patients are on any P medicines."

Graham Phillips, proprietor of the Manor Pharmacy Group in Hertfordshire, added: "It's not at all clear what level of access we're going to have or whether pharmacists will just be passive recipients of electronic versions of pieces of green paper." **JR**

Exemption review confirmed

Medicines Pharmacy minister repeats pledge

Pharmacy minister Andy Burnham has reiterated his pledge to review the list of prescription charge exemptions.

Responding to a question in the House of Commons, Mr Burnham admitted it was "hard to see the logic" behind the current list and the

cost of repeat prescriptions could be "extremely high" for some patients.

In a separate question last week, Mr Burnham revealed his officials would monitor the new distribution arrangements for Pfizer drugs and ensure the company swiftly resolves any problems that may occur. **TH**

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Information about adverse event reporting can be found at www.yellowcard.gov.uk
Adverse events and inadvertent vaccination during pregnancy should also be reported to Sanofi Pasteur MSD by calling 01628 785291

sanofi pasteur

Action on fraud

Legal Civil and disciplinary actions planned

Emma Wilkinson

Fraudsters are to be hit with the full weight of the law under tough new measures designed to counter fraud in the NHS.

On top of criminal prosecution, those committing fraud against the NHS can expect simultaneous civil and disciplinary actions.

The NHS Counter Fraud Service (NHS CFS) has published the new guidance in response to a government review which recommended a wider range of penalties.

In an example of the extent of the tougher measures, they highlighted the case of a pharmacist who made claims to the Prescription Pricing Authority for medication never

requested by the patients or dispensed.

He was sentenced to 150 hours community service and ordered to pay prosecution costs of £1,750. He also agreed to repay the NHS a settlement of £10,281 and faces disciplinary proceedings from the RPSGB's Statutory Committee.

However, the service was quick to point out that pharmacists have been key in dramatically reducing patient fraud against the NHS, which fell by 41 per cent between 1999 and 2003.

Jim Gee, managing director of the NHS CFS, said: "This document is a clear statement of our intent to apply the toughest possible sanctions against those who would defraud the NHS."

Bio-terrorism and bird flu under review

Scotland Policy launched

Scottish pharmacists have been urged to consider a role in responding to bio-terrorism and bird flu in a consultation on public health policy published this week.

The review aims to establish a blueprint for health protection between local authorities and NHS boards, said the Scottish Executive.

Proposals include extended powers to allow health boards to quarantine people during a flu pandemic.

Dr Harry Burns, chief medical officer, said: "Our preparedness for outbreaks of disease or epidemics relies on clear and transparent roles and accountabilities."

For more information visit www.scotland.gov.uk **MG**

News in brief

Phone a pharmacist

Health information provider NHS Direct is promoting its pharmacist-led medicine enquiry service in support of Ask About Medicines week, from November 6 to 10.

NHS Direct will encourage visitors to follow up online medicine enquiries by phoning pharmacists at the UK Medicines Information Pharmacist network.

Price forecasting model

Wavedata has launched a price forecasting model to help drugs manufacturers price products appropriately.

Profesy bases calculations on market value, reimbursement price and number of manufacturers. For more information: www.wavedata.biz

Superdrug in hot water

The Medicines and Healthcare products Regulatory Agency (MHRA) has upheld two complaints by Boots against Superdrug for breaching the Medicines Advertising Regulations.

Superdrug apologised and instituted additional checks for advertising material to prevent further breaches of the regulations.

Ceuta training certified

Ceuta Healthcare's training courses on selling skills, customer service processes, management development, account management, presentation skills and coaching have been accredited by the Institute of Leadership & Management. Other new courses are planned from 2007.

OTC guide

Mawdsleys has launched a monthly guide to OTC products for independent contractors.

The P&P brochure features price details on over 500 products and a range of promotional offers.

GSK website

GlaxoSmithKline has launched a website that it says will provide pharmacists and pharmacy assistants with the necessary tools to stay ahead in pharmacy. The site, www.MyPharmAssist.co.uk, is part of the company's 'Ask your pharmacist first' campaign.

Scottish repeat script success

Scotland Contractors secure repeat prescribing powers until 2008

Scottish pharmacists will be able to write and supply repeat prescriptions for the next two years, including appliances and dressings, following a recent extension of the patient group direction (PGD).

Between December 2005 and June 2006, pharmacies supplied 18,122 items, mostly to patients aged 60 or over. Most scripts were for drugs for cardiovascular disease (36 per cent), the central nervous system (15 per cent), respiratory (14 per cent) and endocrine systems (12 per cent).

The PGD, which allows the supply



Harry McQuillan: PGD has proved popular with patients

of up to one cycle of repeat medicines to patients through community pharmacy when the GP is unavailable, has proved popular with patients, said Harry McQuillan, chief executive officer of the Scottish Pharmaceutical General Council.

"Easy access is a huge advantage," he told delegates at the PSNC conference in Birmingham this week.

However, they could also become more involved in wider NHS care by developing competence in dealing with minor injuries and by perfecting referral skills. **AC**

Pharmacists to aid antibiotics campaign

Practice Leaflets highlight correct drug usage

Pharmacists are being invited to take part in a public awareness campaign aimed at improving understanding of antibiotics.

'Ask about antibiotics', organised by the RPSGB and the Department of Health, will detail the most appropriate use of antibiotics (see insert in this week's C+D).

The DH will distribute copies of campaign leaflets and posters to pharmacies next week. Orders can also be placed via the RPSGB's website. **JE**



Changing rooms at Lambeth: The RPSGB has unveiled its refurbished assembly hall after an 11-month overhaul. The updated suite features a glass roof, video conferencing facilities and facilities for those with hearing difficulties

At last, there's an alternative to aciclovir for cold sores!



Cold sore sufferers are frantic for their cold sores to heal quickly...
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Fenistil Cold Sore Cream

- The fastest OTC treatment period
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Fenistil Cold Sore Cream contains the unique patented ingredient penciclovir, clinically proven to treat cold sores with **just 4 days treatment** – that's a **20% faster treatment time** than current OTC anti-viral cold sore treatments – a key benefit for your customers.

From now on... recommend Fenistil Cold Sore Cream

Nothing works faster!

FENISTIL COLD SORE CREAM. Presentation Cream containing penciclovir 1.0 % w/w. **Indications** For the treatment of herpes simplex virus infections of the lips and face (herpes labialis) in adults and children 12 years of age. **Dosage and administration** At the first signs of an infection, apply at approximately two hourly intervals during waking hours, (approximately 8 times a day). Treatment should be continued until the cold sore has completely healed. **Contraindications** Known hypersensitivity to penciclovir, famciclovir or the other constituents of the formulation. **Precautions** For external use. Do not apply to the mucous membranes, such as the mouth, nose or the genitals. Do not use in ocular or genital herpes. Avoid contact with the eyes. Patients with severe cold sores should be encouraged to seek medical advice. Patients should be advised to avoid sexual intercourse, particularly when active lesions are present. Immunocompromised patients (e.g. AIDS patients or bone marrow transplant recipients) should be encouraged to consult a physician in case oral therapy is needed. **Side effects** Application site reactions such as transient burning, stinging and numbness. Also hypersensitivity reactions, such as allergic dermatitis, rash, urticaria, pruritis and oedema. **Pregnancy and lactation** Do not use unless recommended by a physician. **Recommended Retail Price** £6.49 (2g tube) **Product licence number** PL 0030/0215 **Product licence holder** Novartis Consumer Health, Wimblehurst Road, Horsham RH12 5AB **Date of Preparation**

Your views

In defence of post-merger negotiations with suppliers

I would like to respond to issues

raised in the feature regarding Alliance Boots' post-merger negotiations with suppliers (C+D, October 28, p38). Firstly, I would like to express my concern that C+D elected to publish a feature which centres upon active commercial negotiations that are yet to be concluded. It was my understanding that this publication represents the interests of community pharmacists, and I regret to say that in my opinion this particular story is not in accordance with that principle. Please allow me to explain.

As you correctly point out, "price harmonisation is a logical consequence of two large retail chains merging". This being the case, when two large retail chains and one leading wholesaler merge, the logical consequence would be that all parties seek to achieve the best prices for themselves and their customers. In UniChem's case this is certainly true. Independent customers are the bedrock of UniChem's business and we have made it clear from the outset that a prime concern for us following the merger is to achieve the best possible prices from our suppliers, in order to pass on the benefits to our



independent customer base.

Our independent customers rightfully expect to reap the benefits of our growth, and UniChem aims to achieve this by working in collaboration with its suppliers. As for the question of whether we will use "keener prices to increase market share" I would simply say that in a competitive market this is something we experience across the industry and UniChem is no exception.

You correctly state that the AAH Pharmaceuticals/Lloydspharmacy model does not attract supplier

criticism because the two organisations trade independently. You will appreciate that this way of working means that AAH is not in a position to share any of the benefits that working in co-operation with a retail partner organisation might offer its independent customers. That is their choice.

I am a little puzzled by your concluding statement that "on top of the Pfizer distribution deal, this is not a situation the wholesale sector needs". UniChem is simply negotiating with its suppliers to ensure a competitive offering for its independent customers and I fail to see how we can be criticised for this, or why you would perceive this to be detrimental to wholesale?

Finally, our suppliers have supported us for a long time, and wish to "continue to work productively with us for the benefit of our customers". This is a shared aim – our suppliers are important to us and we are confident that we can

Independent customers are the bedrock of UniChem's business

reach a sensible agreement for all of the parties involved.

I hope that by addressing the issues raised in this article I have helped to clarify the motivations behind our activity. These are both logical and reflective of a company that cares about its customers. I hope that C+D will seek to redress the balance and continue to represent the interests of community pharmacists as it has done so admirably in the past.

Mark Stephenson
marketing director, UniChem

Support for UniChem service

I would like to respond to some

comments made by Steve Dunn of AAH regarding UniChem's service (C+D, October 14, p16). I have been an independent customer of UniChem for many years and prior to this I worked for Alliance Pharmacy and, therefore, was also served by UniChem.

I can assure you that there is no discrepancy between the service I now receive as an independent customer of UniChem, compared to that which I received during my time at Alliance Pharmacy.

In fact, it is true to say that Alliance Pharmacy pharmacists often believe that they are second in priority to the independents. It is my understanding that UniChem operates a first come, first served order system and therefore is unable to prioritise one customer's order over another. This is certainly my experience.

Also, it is absolutely untrue to say that UniChem's service to

independents has been affected following Alliance UniChem's merger with Boots.

As I understand it, UniChem remains an independent wholesale business within the Alliance Boots group and as such its focus on the independent sector must remain – at the end of the day, we are the ones with the choice as to who we trade with, therefore it would be foolish to overlook us. I receive excellent support from UniChem both in terms of a twice daily delivery service, as well as professional services support for areas such as MURs and IT support.

Whatever Mr Dunn may feel about the exclusive deal between Pfizer and UniChem, I feel he must appreciate that there are many happy UniChem customers out there who will not buy into these unfounded criticisms of UniChem's service.

Andrew Lane
community pharmacist
Torquay

Feeling down in the mouth

I am writing to state my concerns

regarding the article about mouth ulcers and oral health (C+D, October 21, p23).

The pharmacy is frequently the first port of call for someone seeking assistance with a painful mouth ulcer and it is therefore important that both pharmacists and pharmacy assistants are fully and correctly informed about the products available for treatment.

It is impossible to feel/find a mouth ulcer with a fingertip. The finger's nerve endings are not fine enough to feel the ulcer. You need to either look in a mirror, or use your tongue which magnifies what it feels.

Because of this, it tends to be more efficacious to apply a mouth ulcer treatment with a proper, hygienic applicator (or cotton bud if you like). It is certainly more hygienic.

There are quite a few products not mentioned in the article by Dr Rutter. Included in these is Frador, which is a licensed product and comes packaged with cotton buds for ease of use.

I am disappointed that an educational article such as this has failed to detail many of the solutions currently available.

Graham A F Hill
managing director
Fenton Pharmaceuticals Ltd

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Please include your name, job title if appropriate, your address and a contact number where we can reach you should we need to discuss the content of your letter.

Letters may be edited for length and/or content.





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Comment from the editor

GPs must accept that healthcare is a team effort



Competition and choice, buzzwords of the New Labour Government, promised a revolution across public services.

NHS patients could look forward to being king as services were reformed to deliver services when and where they wanted them. There was to be an NHS utopia where joined up thinking was the norm. Yet, after a decade of health reforms, the frosty relationship between the medical and pharmacy professions shows little signs of thawing.

The BMA's views at the All-Party Pharmacy Group's inquiry into pharmacy services make it clear that doctors are not exactly enamoured with pharmacists providing any services that they perceive as traditionally being 'one of theirs'.

It's no surprise that GPs reacted as they did to the introduction of independent prescribing for pharmacists, but their continuing arguments smack of little more than protectionism.

The medical profession has questioned pharmacists' diagnostic skills. Of course doctors are the experts, but let's not dismiss the diagnostic skills on offer in 14,000 UK community pharmacies where every day six million members of the public go for advice, treatments or referral.

Sure there are also some shabby pharmacies out there just as there are equally dismal surgeries. But patient power will drive competition among providers to deliver premises fit for purpose.

And as for our medical colleagues not being keen on sharing patient records, let's just make one thing clear: ethically, morally, professionally or however else you want to look at it, in a modern patient-centred NHS shouldn't it be patients who decide who has access to 'their' records?

The government's white paper on health outside hospitals has reiterated the direction of travel for

primary care services: more patients treated in the community with fewer expensive hospital stays. But without a little co-operation from the medical profession, this future is a dead duck.

It's time GPs accepted that healthcare is a team effort; yes they can still wear the captain's armband, but let's not forget what the rest of the team has to offer.

Shouldn't it be patients who decide who has access to their records?

Your views

Free us from pre-registration limits

Jen De Val explains why the BPSA is all for choice in placements and is backing the tutors



Pre-registration training and, ultimately, registering as a pharmacist, is usually the main aim for pharmacy students in the UK. As such, pre-registration issues are always at the forefront of the BPSA agenda.

It can sometimes be difficult to obtain a pre-registration place, and competition is always high in the community, hospital and industry

sectors. Competition for a pre-registration post can seem to start as early as your first pharmacy summer vacation experience, and by the time you reach your third year things are really hotting up!

Experience seems to be the order of the day when applying for pre-registration posts, and many students try hard to get a variety of placements during their holidays to stand them in good stead for the application process.

It has become apparent recently that some community pharmacy organisations have introduced a policy whereby it is a prerequisite to have carried out a third year summer placement within that company to be able to obtain a pre-registration place there. This has been a cause for concern amongst pharmacy students. Members at the BPSA annual conference debated and voted that there should be no obligation to have carried out a third year placement within an organisation when applying for a pre-registration place – and this

was carried with a large majority.

The arguments raised included the fact that having to commit your last summer before applying for a post to one company can be restrictive, especially as hospital vacation experiences are often only offered to third year students. This could potentially lead to less well rounded pre-registration trainees in the future.

Arguments were made that there was an advantage in mapping third year placements to pre-registration competencies, but on the whole it was felt that this was actually a disadvantage as pre-registration trainees should be able to receive a separate induction, not as a summer student, because the roles and responsibilities are – and should be – different.

BPSA members also wish to lobby for a special interest group to be set up to represent pre-registration tutors. The requirements for being a pre-registration tutor are to be a practising pharmacist with three or more years of experience, and to be

actively engaged in the Society's CPD scheme.

BPSA members believe it could be beneficial to trainees and tutors alike if there was a group or body where all tutors could get support, guidance and training. It was felt that this increase in support could ultimately lead to an increase in the standards of preregistration education, and lead to the sharing of best practice.

The future of the profession depends highly on the pre-registration year. It is important to get the process right from recruitment through to qualification, and to make sure that all involved are supported to ensure the training period is a successful and productive year. This will mean that future pharmacists will be well equipped for their extended role in providing excellent patient care.

For information on BPSA graduate services, or for more information on BPSA policy, contact Jen de Val at president@bpsa.com

Xrayser

Time for a rethink?

Gather together two or more pharmacists over a pint of beer and it is a fair bet that within a few moments the vexed subject of MURs will arise.

Reading that the average number of MURs carried out is only 15 per pharmacy, one wonders what happened to the other 185. My experience is that some pharmacies have carried out quite a lot and some only a few, but that the bulk – in far too many instances – have done none at all.

With consultation rooms costing up to £10,000 a throw it appears that no one is actually making money out of MURs. The most even the more successful can do is to reduce the loss in providing and running the service, and now that the target has risen to 400 per year the situation is not going to get any better. Even the most enterprising pharmacy struggled to achieve the last 50 towards the old target.

However professionally satisfying it

may be for the individual pharmacist to spend an average of 30 to 40 minutes interviewing a patient and doing the paperwork afterwards, commercially the system is a dead duck as far as profit is concerned.

In addition, far too often doctors ignore the recommendations proposed by the pharmacist and the chief benefit appears to be improving patient/pharmacist relations rather than achieving anything medically positive.

Cynicism is probably the most accurate word to describe the general attitude towards MURs. Unless and until companies provide better support for their managers to carry them out, the situation is unlikely to get any better.

Only if there is a second, often locum, pharmacist support available can managers free up time to attempt to achieve their target number. And how often does that happen?

What a pain

Fitness gurus might advocate a 'no pain, no gain' approach to life, but modern medicine is making pain relief increasingly difficult to come by.

A letter from the Commission on Human Medicines last week informed healthcare professionals of a link between NSAIDs and heart attack and stroke. This is one more risk to add to an already long list for these drugs and is the same one that effectively did for the Cox-2 inhibitors.

What are people in pain to do? They can no longer have co-proxamol, OTC co-codamol may not always be effective

and the POM strength contains so much codeine that some fall into a constipated doze. Aspirin used to provide useful pain relief but now it's forbidden for children and deemed too risky for some adults.

Controlled drugs require you to provide ID, sign your prescription, and need the GP and pharmacist to jump through so many hoops they would prefer to avoid giving you any.

Those with a low pain threshold have good reason to get disillusioned with medical advice and therefore ignore it completely.



The last AGM?

University Street hosted the 81st AGM on October 12. PSNI AGMs are seldom exciting yet this year there was hope that perhaps loyalty and some poignancy, rather than the usual ennui, would prevail and bring out the crowds. In the end there was a poor turnout. I was unable to stir enough enthusiasm to go; years of ensuring as few as possible turned out to this annual assessment of our professional body seems to have borne fruit. Even now when the profession is facing extinction old habits remain.

New director Raymond Blaney used the AGM to introduce himself. He seems a capable chap with all the buzz phrases you'd expect from someone who has spent years in business organisations. He said that poor turnouts at AGMs are either a reflection of the good work being done or a measure of the detachment the profession feels. Most pharmacists know which it is and I wonder how long it will be before Mr Blaney does too.

And yet, in spite of the Foster hatchet, it seems business as usual for PSNI, with council seemingly keen to progress matters. Brendan

With the fee hike last year the coffers are full, with £115,000 on the books

Kerr, our president, has taken on a full-time appointment in what looks like the registrar's job with a little bit of the secretary's role. Indeed, with the fee hike last year, the coffers are full, with £115,000 on the books perhaps indicating activity planned but not actioned.

The annual report was very professional but I can't help thinking that it's all work in progress; what is really new this year? Most of the modernisation matters remain unresolved and, in this respect, DHSSPS comes in for some criticism. If this is the case, the unsatisfactory. Yet our president referred to the 'Health Bill' and 'Section 60'. These, as far as I know, do not apply to Northern Ireland and perhaps this might explain why DHSSPS cannot help.

Written by a pharmacist practising in Northern Ireland

Shadow minister calls for closer pharmacy link to GP contract

PSNC conference Pharmacists need to network with NHS stakeholders, delegates told

Ailsa Colquhoun

"The Department of Health has missed a trick in not joining up the GMS and the pharmacy contracts. Relationships and networks are vital if we are going to be able to lay a solid foundation for patient care," MP

Sandra Gidley has warned. As for the health minister, he too needed to "think pharmacy" said the Lib Dem health spokeswoman at this week's PSNC conference in Birmingham.

"The health service is changing rapidly and to drive things, pharmacy has to change too," she said.

Despite examples of evidence-based innovation, GPs still have concerns about pharmacists' skill levels and their ability to offer patients privacy, Ms Gidley stressed.

But there are ways pharmacists can engage with stakeholders:

- MPs and politicians are 'media tarts'.

"Invite them to your pharmacy. If they won't come, invite the opposition."

- Bang your drum. "There are plenty of opportunities to explain to the public what you are doing."

- Be proactive. "If PCTs don't want to play, use your MP or local advocates to put pressure on them."

Join forces to move profession forward

Making a success of practice based

commissioning may mean leaving the lead with GPs. That's why collaborative working is so

important, Michael Holden, chief executive of Hampshire & Isle of Wight LPC said.

If LPCs are to change the face of the profession, they will need to work with a variety of stakeholders, Mr Holden told delegates.

"PSNC cannot do everything for us. Working with stakeholders is the only way to achieve something without the benefit of a large team."

LPCs should consider collaborating with stakeholder partners including practice-based commissioning groups, social services, drug action teams, the local medical committee and PCTs/SHAs.

Effective partnership working with the pharmaceutical industry can also tap into many areas of expertise, including:

- training and development
- data for service bids, and
- support for pilots.

Successful LPCs may also need to consider internal review, including the way they communicate with members, and how they achieve commitment and competence.

"The opportunity is there for us to develop our service. But if pharmacy does not have an effective face with groups then it will not be able to move forward."



Michael Holden: there is a need to work with a variety of stakeholders

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Prescribing most significant move since 1947'



Tony Schofield: on course for prescribing future

Sunderland University is to offer independent prescribing courses from December and Tony Schofield, who is planning to take the course, feels it will require pharmacists to develop diagnostic skills and to do diagnostic tests. "They will also have to know what their limits are. Cardiologists don't prescribe chemotherapy," he said.

But, independent prescribing involves wider issues such as disease management, which extends beyond prescribing, as well as the need to monitor patients and to measure the impact of the prescribing intervention.

"Independent prescribing is the most significant development in pharmacy since 1947. It is a massive professional and commercial opportunity," he said.

In future pharmacists will graduate with independent prescribing skills. "Robots dispense. If you can rent one for £200 per month, then how much will the Department of Health be prepared to pay you. How much should they pay you?" he asked.

Speaker briefing

The speaker: Joel Hirst, quality improvement facilitator, Bristol PCT

The topic: Health inequalities: can community pharmacy play its part?
Key points:

- Pharmacists can make a difference in areas such as cutting CHD death, teenage pregnancy and smoking rates and increasing uptake of flu vaccination and consumption of fruit and vegetables.
- This can be delivered through all service levels of the new contract.
- In Bristol pharmacists have been involved in providing medicines use review style consultations with South Asian patients.

Outgoing chairman issues challenge to department

Outgoing PSNC chairman Barry Andrews used this week's PSNC conference to challenge the Department of Health to act on practice-based commissioning.

He told minister for pharmacy Andy Burnham: "Pharmacists can make a substantial and cost-effective contribution to the NHS in terms of dealing with health inequalities, managing urgent care situations and offering sexual health and minor ailment services.

But only if the government ensures that practice based commissioning opens the door to providing innovative services and does not create obstacles."

• Hinting at a tough stance on moving enhanced services into advanced or essential services, PSNC chief executive Sue Sharpe said: "The new contract was always meant to be dynamic. The government has been short-sighted about budgetary pressures"

Speaker briefing

The speaker: Tony Schofield, pharmacist at John Rylands, Durham.

The topic: Providing anticoagulant monitoring services in community pharmacy.

- Increased early discharge for patients with deep vein thrombosis, increased use of and developments in warfarin treatment all point to a possible move to primary care-based treatment.
- Community pharmacy-run clinics are cost-effective and convenient for patients.

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Pharmacy Champions

Pharmacists leading the way



Name
Sunil Bajaria

Pharmacy
**Worthcare Pharmacy,
Gallions Reach Health
Centre, Thamesmead**

What has he done?
**Set up a prescribing
support service**



What have you set up?

We see a significant proportion of the prescriptions issued by a GP partnership of seven doctors and as far back as 1986 they expressed an interest in working with us to obtain feedback on individual and collective prescribing habits, with the ultimate aim of everyone working together to promote good prescribing. A drug formulary devised by Guy's Hospital was used as a measure of how adherent prescribers were to its recommendations.

However, nothing concrete came of this until 1996 when we became involved in a 'Working with your local GP practice' initiative.

We joined a group of pharmacists who were updated in the main clinical areas, evidence-based practice and communication skills by lecturers from the school of pharmacy at King's College. Each pharmacist was then linked to work with a GP practice and funded by the local health authority.

When this service ended, our doctors found the service beneficial enough to fund it themselves. This has continued to this day.

In essence we work with one of the GP partners who has been nominated as a prescribing lead. This GP is kept updated on a weekly basis on prescribing patterns and any other developments where




 Pharmacy
Champions


prescribing policy could be altered to improve quality and cost efficiency. This information is then relayed to the practice through a monthly newsletter entitled 'Prescribing Matters'. It summarises all prescribing issues relevant to the practice, together with Nice and local PCT guidance. The GPs find the format easy to read and remember.

Were there difficulties?

One or two GPs were strongly in favour of the system from the outset and the rest, including the prescribing practice nurses, took a little longer to build up trust in it. It's best to be open and honest and let the relationship develop.

How have the GPs reacted?

The continued conscientious effort by all prescribers has meant that the practice has consistently received high marks for the PCT prescribing incentive scheme. The patients also benefit from good evidence-based prescribing.

Why do you think you've been successful?

We've been upfront with the GPs and the prescribing messages have been repeated, re-repeated and repeated again. But most important of all, nobody will listen to you if you are not up-to-date with sound clinical knowledge.

Up-to-date clinical knowledge is vital for the success of the arrangement with his local GP practice, says Sunil Bajaria

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The £12 billion board game

A game based on NHS IT is being billed as a training aid. C+D asks top pharmacy IT firms to put it to the test

Max Gosney

Move over Monopoly and put Snakes & Ladders back on the shelf, a new board game based on the government's £12 billion project to modernise NHS IT has arrived.

The Table-Top Challenge

"It's an ice breaker," says Maria Scott, NHS Connecting for Health clinical benefits advisor, when quizzed on the Table-Top Challenge – a board game designed to aid staff rolling out updated computer systems to the NHS. "We wanted to come up with an interactive way of engaging with the people delivering the project to front-line staff such as pharmacists, nurses and GPs. It gives people an informal, relaxed way of sharing thoughts on NHS IT," Ms Scott adds.

The Table-Top Challenge was developed by Connecting for Health in partnership with Focus Games Ltd and sees two teams fighting it out to be first around the board. Armed with a dice and their wits, players face a series of questions based on healthcare IT, explains Ms Scott, who acts as game facilitator.

The board game aims to improve understanding of the Connecting for Health project and ensure NHS IT maximises patient care, she says. "At the end of a game we look to discuss how we can improve and change. Players may also find where they have gaps in their knowledge. We are now thinking about wider use with non clinical NHS staff. I think the game would be a great way to engage with pharmacists on IT."

Putting it to the test

C+D called in the experts to put the Table-Top Challenge through its paces. Representatives from pharmacy IT firms gathered at a top secret location last week for a trial game. Let the games begin...

The teams

1. The wholesalers

- Leon Rudd, AAH
- Jonathan Tully, UniChem
- Mark Johnson, UniChem
- Max Gosney, business editor, C+D

2. The system suppliers

- Martin Jones, Positive Solutions
- Oliver Siodlak, Positive Solutions
- John McDonnell, System Solutions
- Patrick Grice, projects director, C+D

The referee:

Maria Scott, NHS Connecting for Health

Sample questions

- What frustrates you about how we currently record and share information with patients?
- What are the benefits of the electronic prescription service?
- How might an electronic care record reduce risks for clinicians and patients?



Roll with IT: the game provides an interactive opportunity for pharmacists to get involved in healthcare IT, says NHS Connecting for Health

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Calprofen Product Information: Presentation: Suspension containing 100mg ibuprofen per 5ml. **Uses:** Treatment of mild to moderate pain and as an antipyretic and post-immunisation pyrexia. **Dosage:** *Infants 3-6 months:* One 2.5 ml dose may be taken 3 times in 24 hours. *Infants 6-12 months:* 2.5ml three times a day. *Children 1-2 years:* 2.5ml three to four times a day. *Children 3-7 years:* 5ml three to four times a day. *Children 8-12 years:* 10ml three to four times a day. Post-immunisation fever: 2.5ml (50mg) followed by another 2.5ml (50mg) dose six hours later if necessary. No more than 2 doses in 24 hours. Not recommended for children weighing less than 5kg. **Contraindications:** Hypersensitivity. History of peptic ulceration. Individuals in whom ibuprofen, aspirin or other non-steroidal anti-inflammatory drugs induce asthma, rhinitis or urticaria. **Precautions:** Hepatic or renal dysfunction, heart failure. Individuals with coagulation defects or receiving anticoagulant therapy. Caution in bronchial asthma or allergic

disease. Care should be taken with antihypertensives including diuretics, cardiac glycosides, lithium, methoxyflurane, cyclosporine, mifepristone, other analgesics, corticosteroids, anticoagulants, quinolone antibiotics and zidovudine. **Pregnancy and lactation:** Not recommended. **Side effects:** GI disturbances, occasionally gastric ulceration and bleeding, hypersensitivity reactions and oedema. Other reactions that haven't necessarily been related to ibuprofen include renal and liver problems, neurological and sensory disturbance, haematological disorders and photosensitivity. **RRP (ex-VAT):** 200ml bottle £4.84, 100ml: £2.97. **Legal category:** 200ml P, 100ml GS. **PL holder:** 200ml: Pinewood Laboratories Limited, Ballymacorby, Clonmel, Co. Tipperary, Ireland. **PL number:** 049 7/0147. **PL holder:** 100ml: Pfizer Consumer Healthcare, Walton-on-the-Hill, KT20 7NS. **PL number:** 15513/0147. **Date of preparation:** September 2006.

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Contains paracetamol

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colestyramine, anticoagulants, anticonvulsants and oral contraceptives. Do not give with other paracetamol-containing products. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Rare: Hypersensitivity including skin rash; blood dyscrasias. Hepatic necrosis and papillary necrosis have been reported following prolonged use. See SPC for further details. **RRP (ex-VAT):** 100ml bottle: £2.30; 200ml bottle: £3.79; 12 x 5ml sachets: £2.71; 20 x 5ml sachets (original only): £4.36. **Legal category:** 200ml bottle: P; 100ml bottle: GSL; Sachets: GSL. **PL holder:** Pfizer Consumer Healthcare, Walton-on-the-Hill, KT20 7NS. **PL numbers:** Infant suspension: 100ml bottle: 15513/0122; 200ml bottle, sachet: 15513/0004; Sugar-free Infant Suspension: 100ml bottle: 15513/0123; 200ml bottle, sachet: 15513/0006. **Date of preparation:** September 2006

The system suppliers side featured, from the left: Martin Jones, Oliver Siodlak, Patrick Grice and John McDonnell



The verdict

"It offers an informal environment for people to air their views on the NHS IT. All of us involved in the project want to achieve the same thing so this is a good way of bringing people together." **Leon Rudd, customer technology controller, AAH**

"I think because we live and breath NHS IT the questions were not so challenging. It would be interesting to see how front line pharmacists fared. I'm supportive of something like this game that brings us closer together."

Jonathan Tully, customer IT solutions manager, UniChem

"I don't think it can harm IT rollout. It encourages better communication and gets views out in the open." **Mark Johnson, customer IT solutions account manager, UniChem**

"It was good fun and very interactive. There's definitely a lack of information surrounding IT at LPC level so maybe this could help."

Martin Jones, commercial manager, Positive Solutions

"I think it's a much better way of getting people involved in NHS IT than presenting to them." **Oliver Siodlak, general manager, Positive Solutions**

"It's a fun way for the NHS to try and engage staff in the project. I really enjoyed the experience."

John McDonnell, business analyst, System Solutions

Said and Done:

"It's all gone quiet over there," Martin Jones leads an early terrace chant as the wholesalers try to get to grips with their opening question.

"There's nothing in there about debts or MRSA," Leon Rudd of AAH suggests, adding bite to a question on how the public view the NHS right now.

"Well, it's all about driving efficiency," Jonathan Tully coins his catchphrase answer for the day, which proved effective in earning several scores for his wholesaler team.

"I can't count, I'm from Birmingham," Maria Scott, match referee, responds to cat calls from the wholesalers after she moves the system suppliers counter an extra space.



And the winner is:

The teams are tied at the end of an epic 60 minutes so the match goes to a nerve jangling tie break. The first team to answer a wildcard question correctly will be awarded the C+D Table-Top Challenge crown.

The tension is unbearable as Maria Scott asks the teams to name six types of fish containing omega essential oils.

The wholesalers are first off the mark, reeling off mackerel, tuna, salmon, sardines, herring and anchovies to net the silverware.

Want to join in?

The Table-Top Challenge has been tested by around 350 NHS staff so far. If you are interested in setting up a game at your pharmacy please contact:

**Maria Scott, clinical benefits advisor
Service Implementation Team
NHS Connecting for Health
Tel: 07799 348596
mariascott@nhs.net
www.connectingforhealth.nhs.uk
or go to www.focusgames.co.uk
Tel: 020 7038 2939**

Champagne moment: Leon Rudd (left), Mark Johnson (centre right) and Jonathan Tully (right) receive their victory spoils from C+D's Max Gosney



Is their medication ending up where it should be?

Dysphagia, or swallowing difficulty, is a much more widespread problem than you might think.¹ It leaves many people, especially the elderly, struggling to swallow their medicine and often leads to it being thrown away.

Such non-compliance has serious consequences in that it can lead to poor outcomes, hospitalisation or even patient death.² It also costs the NHS over a billion pounds a year in wasted medicines and the costs associated with adverse clinical outcomes.³

That's why it makes sense to give people who can't swallow solid medicines a more appropriate formulation such as a liquid - and the sooner this is done the greater the difference it can make in terms of improved compliance and patient welfare.

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References:

1. Strachan I, Greener M. Medication-related swallowing difficulties may be more common than we realise. *Pharmacy In Practice* December 2005. 2. Richard Griffith, Medication Management and the law 2 – Residents With Medication Related Dysphagia 2006. 3. Greener M. *JME* 2006; 9: 27-44.

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Preventing CV disease

C+D looks at the medicines available without prescription

Alan Nathan

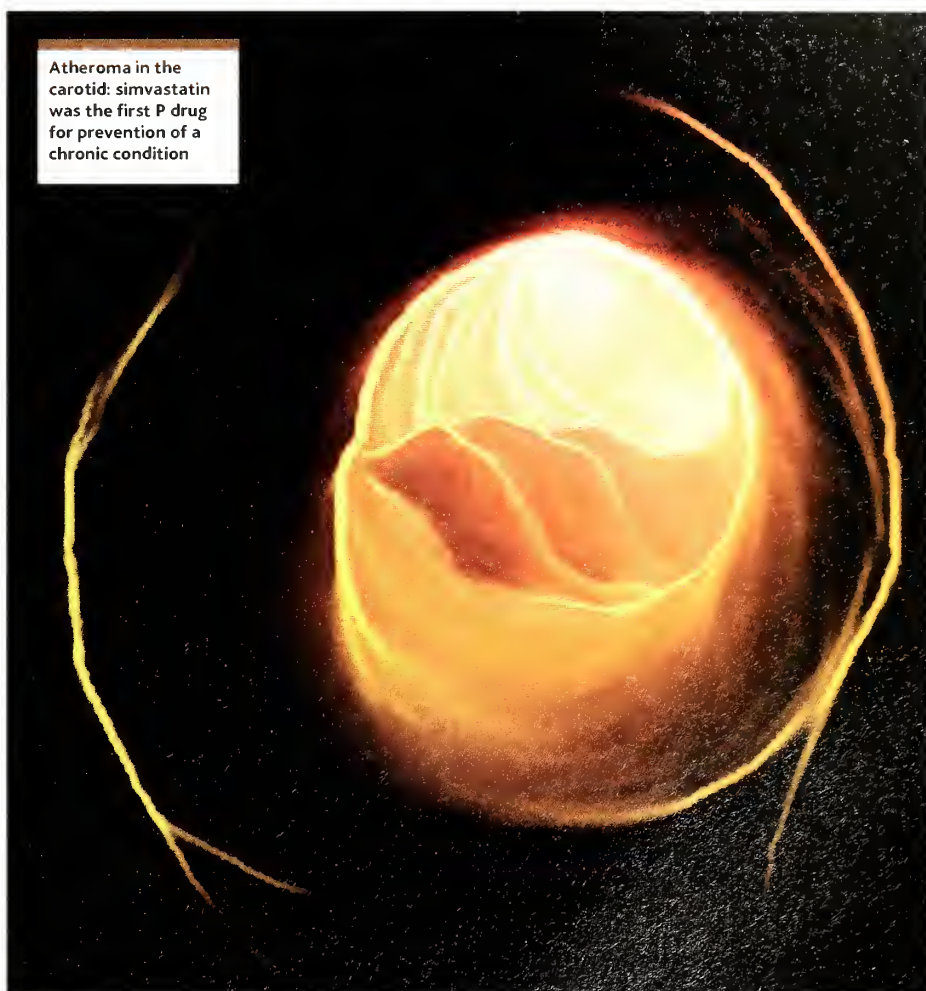
Nearly all OTC medicines are for the treatment of minor ailments. There are, though, two medicines available without prescription for the prevention of cardiovascular disease: simvastatin and low-dose aspirin. This article will review them and look at the medical emergencies that these drugs are intended to help prevent from a community pharmacist's viewpoint, including information on early or warning signs and the help pharmacy staff can give to patients who are taken ill in the pharmacy or are brought in for emergency first aid.

Simvastatin

Statins act by competitively inhibiting 3-hydroxy-3-methylglutaryl coenzyme A reductase (HMG-CoA reductase), the enzyme that mediates cholesterol synthesis in the liver. Inhibition of this enzyme increases the formation of low-density lipoprotein (LDL) receptors on hepatocyte membranes, leading to increased clearance of LDL cholesterol and reduction in total serum cholesterol. While the main biochemical effect of the statins is to lower LDL cholesterol, they also raise levels of high-density lipoprotein (HDL) cholesterol, which improves the HDL/LDL cholesterol ratio (a more important index than total serum cholesterol). Statins also reduce plasma triglycerides.

Statins have been shown to be safe and effective in lowering cholesterol,¹ and it has been recommended that a statin should be prescribed as secondary prevention for all patients with symptomatic cardiovascular disease.² More recently, statins have been recommended for all people without symptoms but who are considered to be at 'moderate' risk (that is, 10–15 per cent risk of coronary heart disease within the next 10 years).³ It is possible to determine moderate

Atheroma in the carotid: simvastatin was the first P drug for prevention of a chronic condition



risk through self-reported risk factors,⁴ but no specific clinical trials of simvastatin for the specific population for which the drug has been licensed for OTC sale have been carried out, and it has been claimed that the reclassification was not based on robust evidence of clinical benefit or safety.⁵

Suitable for P sale

Simvastatin 10mg, reclassified from POM to P in 2004, was the first drug to be made available OTC for the prevention of a chronic condition.

For P sale, simvastatin is indicated to reduce the risk of a first major coronary event in individuals at moderate risk of CHD, including:

- Men aged 55 to 70, with or without risk factors.

- Men aged 45 to 54, with one or more of the listed risk factors.
 - Postmenopausal women aged 55 to 70, with one or more risk factors.
- The risk factors are:
- Smoker – currently or within the last five years.
 - Family history of CHD – father or a brother had a heart attack before age 55, or mother or a sister before age 65.
 - Overweight or obese – body mass index above 25, or waist measurement greater than

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Pharmacy update

Emergency care in CV disease – the following tables list symptoms of the main cardiovascular conditions and what pharmacy staff might do to help in an emergency:

Table 1: Myocardial infarction (MI, heart attack)

Causes	MI is essentially the death of myocardial tissue, caused by an insufficiency of oxygen supply to the myocardium. It usually results from rupture of an atheromatous plaque in a coronary vessel, leading to thrombus formation, blocking the vessel and causing occlusion of the vessel and myocardial ischaemia. Heart muscle begins to die within 20 to 40 minutes if blood flow is not restored and necrosis is irreversible if the coronary vessel remains occluded for more than four to six hours.
Epidemiology	<ul style="list-style-type: none"> • Average UK incidence of MI is about one in 200 per population per year. • Relative incidence in men and women is about 2.2:1. • Mortality is about 25 per cent, and half of those who die never reach hospital.
Symptoms and warning signs	<p>Central chest pain or sensations of severe pressure, fullness, squeezing or discomfort:</p> <ul style="list-style-type: none"> • Lasting for more than a few minutes. • Of increasing intensity. • Radiating to the shoulders, neck, arms, or jaw. • Not relieved by rest or cardiac medication. <p>With any/all of the following:</p> <ul style="list-style-type: none"> • Sweating, cool, clammy skin. • Skin pallor and/or bluish lips. • Shortness of breath. • Nausea or vomiting. • Dizziness or fainting. • Rapid or irregular pulse. • Anxiety.
Differential diagnosis	Chest pain may be a symptom of indigestion, pleurisy, pneumonia or other disorders, but the duration, severity of pain, intensity of distress and accompanying symptoms of an MI leave little doubt that, whatever the cause, the situation is an emergency.
Emergency aid	<ul style="list-style-type: none"> • Get patient into a half-sitting position, with head and shoulders supported (eg with cushions or pillows) and knees bent. • Dial 999 for an ambulance. • Help person to use any angina medication they are carrying. • If they are fully conscious, give a 300mg aspirin tablet to chew. • Monitor breathing and pulse rate, and be prepared to give mouth-to-mouth ventilation and chest compressions if necessary.

Table 2: Angina pectoris

Causes	<ul style="list-style-type: none"> • Angina and MI represent the extremes of a spectrum of the manifestation of coronary artery disease. • Angina occurs when myocardial demand for oxygen exceeds the ability of the coronary arteries to supply oxygenated blood. The cause is usually coronary artery obstruction due to atherosclerosis. • The most common form is stable angina. It is brought on by physical exertion or other forms of stress, including exposure to cold, heavy meals or intense emotion, and is relieved by rest. • Unstable angina is a syndrome of attacks of increasing frequency and severity, occurring on minimal exertion or at rest. It often leads to MI.
Epidemiology	About 1.2 million people in the UK have or have had angina – 9 per cent of men and 5 per cent of women aged 55 to 64; 14 per cent of men and 8 per cent of women aged 65 to 74.
Symptoms and warning signs	<ul style="list-style-type: none"> • A sensation in the centre of the chest variously described as pressure, fullness, squeezing, tightness, burning or a heavy weight. • It may also manifest as pain in the epigastric region, back or jaw, and may radiate to the shoulders, neck or arms. • Pain ranges in intensity from mild to severe. • Other symptoms, as occur with MI (see Table 1), may be experienced. • Unlike MI, pain is reversible on rest; attacks last only a few minutes and are relieved by coronary vasodilators.
Differential diagnosis	As for MI (see Table 1), but may be more difficult to distinguish from other conditions causing pain and other symptoms in the chest and epigastric region.
Emergency aid	<ul style="list-style-type: none"> • Sit the person down in a quiet area, make them comfortable and reassure. • Allow them to use any coronary vasodilator medication they are carrying. (If they have no medication with them but confirm that they have angina, they can be given a glyceryl trinitrate tablet or similar.) • Allow the person to rest until the attack is over.

40in in men or 35in in women.

- South-Asian family origin.

The dose is one 10mg tablet each night, on a long-term basis.

Not suitable OTC

OTC simvastatin is subject to licensing requirements, and is considered not suitable for the following groups and in the following circumstances and these patients should be referred to a doctor:

- Men over 55 years with a family history of CHD and at least one other risk factor.
- People with, or reporting, any symptoms that might suggest: any cardiovascular, cerebrovascular or peripheral vascular disorder; liver disease or history of abnormal liver function tests; renal impairment; hypothyroidism; myopathy or family history of muscle disorders.
- People with a known fasting LDL-cholesterol level of 5.5mmol/L or above (cholesterol testing before sale is not a licensing requirement but is recommended as good practice by the RPSGB).
- People whose blood pressure is known and within the range for referral in accordance with current RPSGB practice guidance (blood pressure testing before sale is not a licensing requirement but is recommended as good practice by the RPSGB).
- Men and women who consume more than four or three units of alcohol per day,

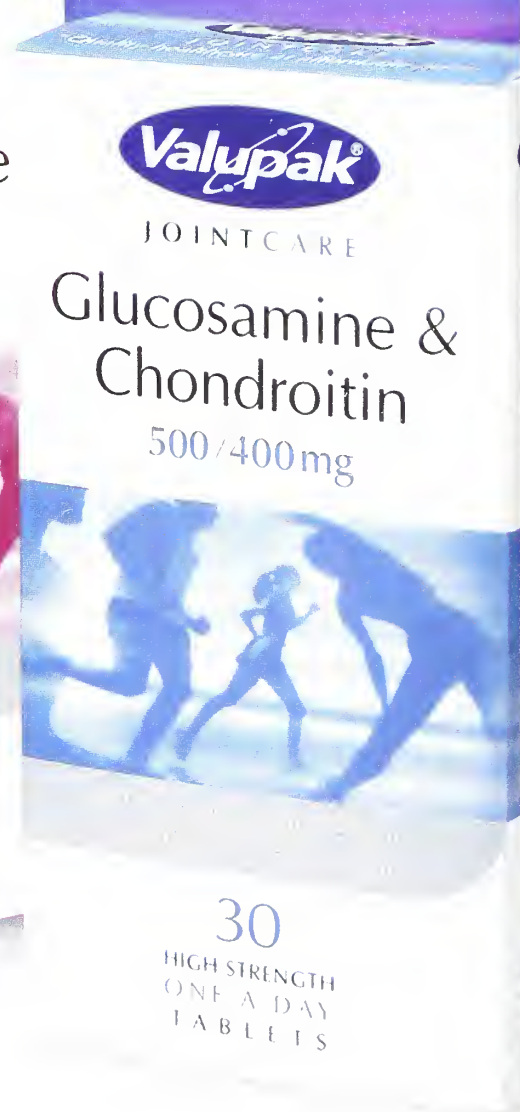
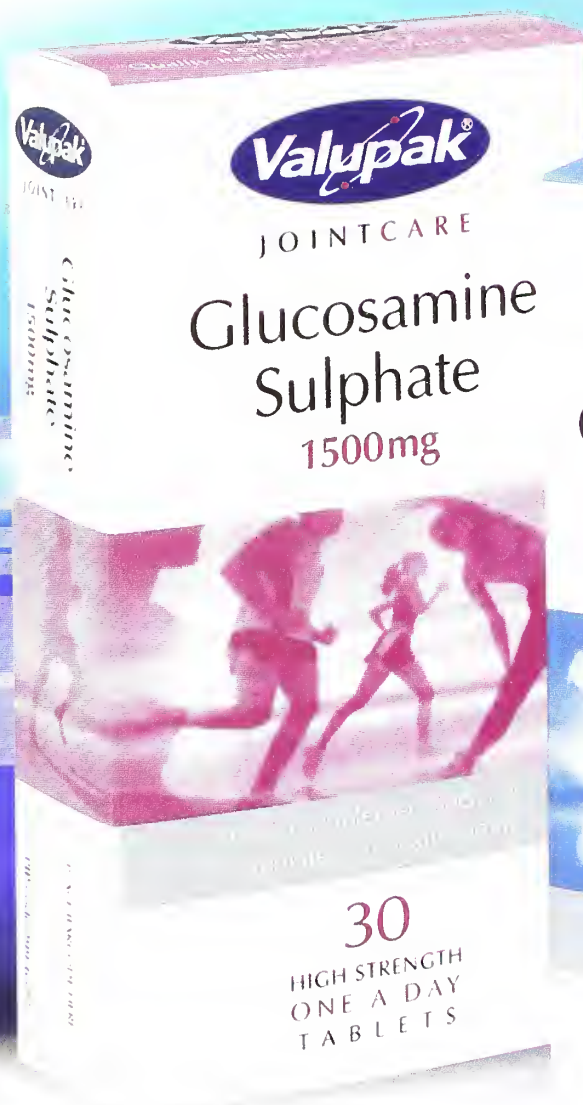


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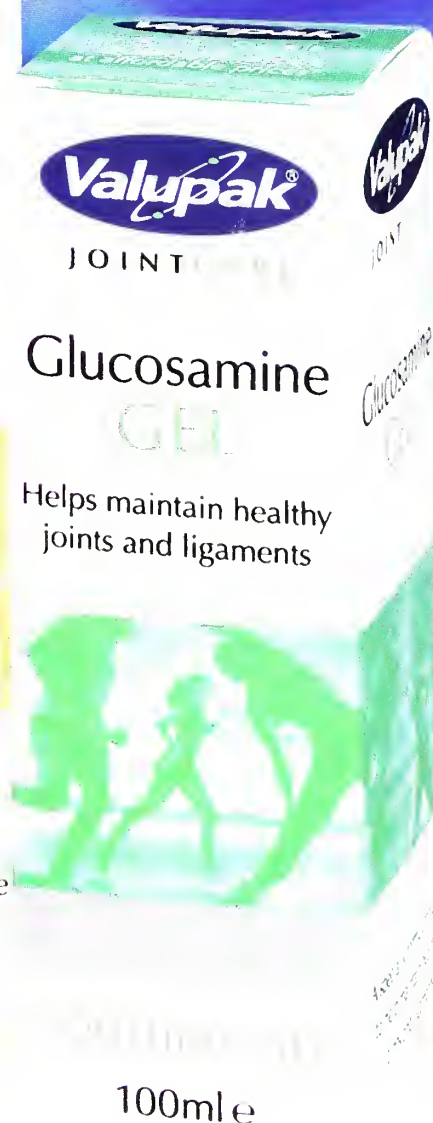
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Table 3: Heart failure (HF)

Causes	<ul style="list-style-type: none"> • HF describes a usually gradual weakening in heart tissue and a decline in its ability to fulfil its function to pump blood around the body. • There are several causes: <ul style="list-style-type: none"> • Reduced ventricular contractility, as a result of myocarditis (inflammation of the myocardium), cardiomyopathy (hypertrophy of heart tissue) or MI. • Ventricular outflow obstruction, caused by hypertension, narrowing of the aorta (aortic stenosis), pulmonary hypertension or pulmonary valve stenosis. • Ventricular inflow obstruction, as a result of stenosis of the mitral and tricuspid valves, among other causes. • Ventricular volume overload, due to failure of the mitral valve regulating the flow of blood into the left ventricle and the septa separating the heart chambers. • Arrhythmias.
Epidemiology	<ul style="list-style-type: none"> • HF is a disease of the elderly – average age at first diagnosis is 76 years. • Incidence is increasing with increasing life expectancy and higher survival rates following MI. • About one in 35 people aged 65 to 74 years have heart failure, increasing to about one in 15 of those aged 75 to 84 years, and to one in seven in those over 85.
Symptoms and warning signs	<ul style="list-style-type: none"> • Fatigue and shortness of breath after mild exertion. • A dry, wheezy, hacking cough occurring a few hours after lying down but stopping after sitting up. • When there is pulmonary oedema there may be a cough producing a pinkish froth. • Accumulation of fluid in the feet, ankles, legs and abdomen. • Weight loss.
Emergency aid	<ul style="list-style-type: none"> • Pharmacists would not normally encounter situations of acute heart failure, which often occur at night. Symptoms include severe breathlessness, often accompanied by MI symptoms. • Emergency aid is as for MI.

respectively, and people who drink more than one litre of grapefruit juice per day

- People who have suffered previous side effects or allergy when taking cholesterol-lowering medication.

Precautions

Simvastatin is generally well tolerated and side effects are usually rare, mild and transient.

Myopathy or rhabdomyolysis, characterised by generalised muscle pain, tenderness or weakness, have been reported very rarely. Liver dysfunction, gastrointestinal disturbances and hypersensitivity reactions have also been reported rarely.

Drugs that can cause myopathy or rhabdomyolysis, including fibric acid derivatives and nicotinic acid, increase the risk of developing these conditions if given in association with simvastatin.

Simvastatin is metabolised in the liver by the P450 isoenzyme CYP3A4 and interactions can occur with drugs that inhibit this enzyme, including ciclosporin, itraconazole, ketoconazole, erythromycin, clarithromycin, HIV-protease inhibitors, nefazodone, amiodarone and verapamil. Simvastatin may also increase the anticoagulant effect of warfarin and other coumarins.

In addition to the licensing conditions, the RPSGB recommends the following good practice measures in association with the OTC sale of simvastatin:

- Pharmacists should be involved in all initial sales but subsequent sales may be delegated to appropriately trained medicines counter assistants.
- Where possible, sales should be recorded in the patient's medication record.
- Lifestyle advice to reduce the risk of CHD

Table 4: Stroke

Causes	<ul style="list-style-type: none"> • Stroke is caused by the death of brain cells as a result of interrupted blood flow to them, leading to permanent disability. Eighty per cent occur as a consequence of ischaemia, caused either by a thrombus formed inside a cerebral artery as a result of arteriosclerosis, or an embolism formed elsewhere in the body and carried to the brain. The other 20 per cent are accounted for by intercerebral haemorrhage due to rupture of a blood vessel, producing a clot displacing normal brain tissue and disrupting function. • Transient ischaemic attacks (TIAs, 'ministrokes') last between a few minutes and a few hours, followed by complete recovery.
Epidemiology	<ul style="list-style-type: none"> • Stroke is the third most common cause of death in the UK and accounts for 12 per cent of all deaths. • Incidence increases markedly with age, and each year about 3 per cent of the population over the age of 70 suffer a stroke. • Stroke affects women more than men in a ratio of 2:1.
Symptoms and warning signs	<ul style="list-style-type: none"> • Difficulty speaking or understanding speech (aphasia). • Difficulty walking. • Vertigo. • Numbness, paralysis, or weakness, usually on one side of the body. • Seizure (relatively rare). • Severe headache. • Sudden confusion. • Sudden decrease in the level of consciousness. • Sudden loss of balance or co-ordination. • Sudden vision problems (such as blurred vision, blindness in one eye). • Vomiting.
Emergency aid	<p>For someone who is conscious:</p> <ul style="list-style-type: none"> • Lay them down with head and shoulders slightly raised and supported. Incline their head to one side and place a towel or cloth on the shoulder to absorb any dribbling. • Dial 999 for an ambulance. <p>If unconscious:</p> <ul style="list-style-type: none"> • Maintain an open airway, and be prepared to resuscitate if necessary. • Loosen any clothing that might impede breathing. • Call an ambulance.

Pharmacy update

should be given to purchasers.

- Pharmacists should liaise with local GPs and the primary care organisations to fit in with local policies on management of CHD risk and prescribing of statins; they should encourage purchasers to inform their GP that they are taking simvastatin.

- Pharmacists should monitor people who buy simvastatin at least once a year for adverse effects, interactions, changes in risk factors and, ideally, blood cholesterol levels.

Low-dose aspirin

Low-dose aspirin reduces the risk of MI, increases survival in patients who have had an acute MI and reduces the risk of stroke, through inhibiting thrombus formation within coronary and cerebral blood vessels. The anti-inflammatory and antithrombotic effects of aspirin depend on its ability to inactivate the enzyme cyclo-oxygenase. Platelets (thrombocytes) in the blood play an important

role in the process of coagulation. Through irreversible inhibition of cyclo-oxygenase, aspirin prevents the synthesis of thromboxane A_2 , which promotes platelet adhesion and aggregation. Platelets cannot synthesise more thromboxane A_2 , which is restored only when existing platelets are replaced from the vascular endothelium. Continuous low dosing with aspirin thereby maintains thromboxane A_2 at a low level. Systematic reviews have confirmed that aspirin at a daily dose of 75 to 325mg is effective for the secondary prevention of serious vascular events and reduces all-cause mortality.^{6,7}

Anti-platelet aspirin is indicated for the secondary prevention of thrombotic cerebrovascular and cardiovascular disease, at a dose of 75mg daily. Low-dose aspirin is also indicated for primary prevention of MI or stroke when the estimated 10-year cardiovascular disease risk is 20 per cent or greater. The same contraindications, cautions and interactions apply as for aspirin at analgesic doses.

Manufacturers of low-dose aspirin generally advise that a doctor should be consulted before using the drug for the first time. This is because the decision to take aspirin as primary prevention for cardiovascular events depends on the patient's risk. It is a harmful intervention for those with no risk factors, but it is beneficial in moderate and high risk patients. A huge body of evidence supports the use of aspirin for the secondary prevention of cardiovascular events in patients who have suffered MI or a stroke.

Dispersible aspirin is more rapidly absorbed than standard aspirin and produces about half as much occult bleeding, probably by minimising high localised concentrations and therefore direct mucosa damage. Evidence from epidemiological studies and meta-analyses indicates that use of enteric-coated low-dose aspirin does not reduce the risk of GI bleeding compared with soluble or ordinary aspirin, but it may be less well absorbed and therefore less effective.

See www.dotpharmacy.com for references.

Alan Nathan BPharm, BA, FRPharmS, is a pharmacy writer and consultant, and visiting lecturer in pharmacy practice at King's College London. Some information in this article is based on his book, 'Non-prescription Medicines' (3rd edition), published by the Pharmaceutical Press.

Continuing professional development



Reflect

Can you list all the indications and contraindications for the OTC sale of simvastatin 10mg? Would you recognise the early warning signs of a heart attack and know what to do about them?

Plan

If you read this article you will know the circumstances under which you can sell simvastatin 10mg and low-dose aspirin without prescription. Make sure that, having read the section listing the warning signs of heart attack, angina, heart failure and stroke, you can deal with such an emergency.

Act

- In your practice workbook record the next 20 sales and enquiries for OTC simvastatin that you and your medicine counter assistants deal with. Record the first time a customer purchases them. Why were they sold the first time? How many are repeats? How many are referred? How about the yearly monitoring mentioned in the article?
- The sale of OTC low-dose aspirin is high. Do you check whether the user is taking the product for appropriate reasons? Should you? How many enteric-coated 75mg aspirin do you sell compared with the dispersible form? After reading the article do you think you should revise your recommendations?
- Think about and plan what you would do in an emergency for the conditions (MI, angina and stroke) mentioned in the article.

Evaluate

- A man walks unsteadily into the pharmacy with an unusual 'blinding' severe headache. Do you feel confident that you could deal with him?
- Think about your patients in terms of the factors listed as suitable for simvastatin sale. Could you now select patients with whom you should discuss the use of OTC simvastatin?

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the December 2 issue, which will cover this week's CPP-accredited module, together with the module in the November 11 issue.

These will cover:
Preventing CV disease (1385)
Trimethoprim POM to P launch (1386)

A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on 01732 377269.

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Clinical news

Nice guidance on urinary incontinence in women

Nice has recommended immediate release non-proprietary oxybutynin as first line drug treatment in women with overactive bladder or mixed urinary incontinence but only after a minimum of six weeks bladder training.

New recommendations on urinary incontinence in women advise darifenacin, solifenacin, tolterodine, trospium, or an extended release or transdermal formulation of oxybutynin if immediate release oxybutynin is not well tolerated. Women should be counselled about adverse effects of antimuscarinics and an early review should follow a change in therapy, the guidelines state.

But the Continence Foundation warned of "intolerable" side effects. "Evidence shows more than 80 per cent of people given non-proprietary immediate release oxybutynin are unable to tolerate its side effects, which

include severe dry mouth, headaches and constipation," said the charity.

Nice made the recommendation based on the cost of proprietary extended release oxybutynin and other medications with fewer side effects at about £1.00 per day, compared with £0.08p for non-proprietary oxybutynin.

The guidelines also recommend propiverine to treat frequency of urination in overactive bladder syndrome, but not for urge incontinence.

Drug treatment should not normally be used for stress incontinence, which is best treated with pelvic floor exercises and surgery, says Nice.

For more information:
www.nice.org.uk

Rimonabant also improves glucose

Weight loss drug rimonabant helps improve blood glucose control and cardiovascular risk factors in people with type 2 diabetes, a study in the *Lancet* concludes.

A randomised trial of 5mg or 20mg of the drug in 1,047 obese or overweight people with poorly controlled type 2 diabetes despite drug treatment found significant weight loss in the rimonabant group compared with placebo.

After a year patients given the drug also had greater improvements in waist circumference, blood glucose control, blood lipids, and better appetite control than those given the placebo.

Some 43 per cent of patients in the 20mg rimonabant group achieved a HbA1c target of less than 6.5 per cent compared with 21 per cent of the placebo group.

The researchers calculated 57 per cent of the reduction in HbA1c in the 20mg rimonabant group was independent of weight loss.

In an accompanying editorial, Professor Naveed Sattar, professor of metabolic medicine at the University of Glasgow, said that until now there had been limited choice of weight-reducing drugs in diabetic patients because of side effects. "Further studies are required on putative peripheral mechanisms, which, if proved, could increase the chances of this drug class becoming established as part of routine diabetes management," the professor said.

For more information:
www.thelancet.com/journals/eop

Statins cut deaths in over-70s

Over-70-year-olds taking statins may live an average of two more years than their contemporaries, even adjusting for all other variables. This is the conclusion of a study of 1.5 million US veterans, published

in the *American Journal of Cardiology*.

For more information:
www.tinyurl.com/shhwz

A Practical Approach... last week's answers

1. David could check whether Jamie has eczema, or if there is any family history of eczema, asthma or allergic conditions such as hayfever. Jamie's symptoms could suggest asthma and there is often a familial association for this type of atopic condition, which would help to confirm the diagnosis.
2. A cough occurring as a result of bronchial irritation following a viral upper respiratory

tract infection (URTI) can last for up to six weeks, especially in children with a family history of atopy.

3. The features described suggest asthma, although it may be a residual cough following a URTI.

4. Refer Jamie back to the GP, as the diagnosis is uncertain and further investigation is necessary.

A Practical Approach...



Bethany Straker

Julia O'Reilly, the new pre-registration

trainee at Update Pharmacy, is working on prescription reception for the first time when a young man comes in with an NHS prescription.

"Hey, Julie!" he says, looking surprised.

"Fancy seeing you! I haven't seen you since we left school. What are you doing here?"

"Hello, Tom, good to see you," replies Julia.

"I've just started my pharmacist practical training. What about you?"

"Well, I got my degree in economic geography and now I'm off to do six months' VSO in rural Cambodia. That's why I'm here, and I hope you can help because I may have a problem," says Tom, handing over the prescription.

"What is it?" asks Julia.

"Well, I just took this prescription to another pharmacy. They told me that as these are for travel abroad I can't have them on the NHS, and that I'd have to go back to my doctor for him to write a private prescription. But there's no way I could afford to buy them, so I thought I'd try somewhere else."

Julia takes the prescription and sees that it is for proguanil/atovaquone tablets and Japanese encephalitis vaccine. "Just hang on a minute Tom," she says. "I'll look them up." She checks the items in the BNF (no. 51) and says: "I'm not sure about the tablets, but it definitely looks as though you are going to have to buy the vaccine privately."

"Oh no!" groans Tom. "Can you make absolutely sure with your pharmacist?"

Questions

1. What is the position regarding the prescribing of malaria prophylaxis on NHS prescriptions?
2. Why did Julia say she thought Tom would have to buy the Japanese encephalitis vaccine privately, and was she right?
3. Is there any other complication regarding supply of the vaccine?
4. How many proguanil/atovaquone tablets should be supplied if the doctor had prescribed: "sufficient for a six-month trip"?



This article can help in the following CPD competencies: C1a, C1f, C2a. See www.tinyurl.com/194zu

At 2 months,
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recommendation you can.

Calpol Infant and Sugar-free Infant Suspension Product Information:
Presentation: Suspension containing 120mg Paracetamol per 5 ml **Uses:** Treatment of mild to moderate pain and as an antipyretic **Legal Category:** 200ml bottle; P, 100ml bottle; GSL. Sachets, GSL. **Further information is available from:** Pfizer Consumer Healthcare, Walton Oaks, Dorking Road, Tadworth, Surrey KT20 7NS.
www.colpol.co.uk



**Fast, powerful
with reassurance
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3+ months



Ibuprofen

**Powerful Relief
of Aches, Pain
& Fever**



**Cold and
sugar free**

Strawberry Flavour

Contains ibuprofen

**Ibuprofen for kids.
Peace of mind for parents.**

Calprofen Product Information:

Presentation: Suspension containing 100mg ibuprofen per 5 ml. **Uses:** Treatment of mild to moderate pain and as an antipyretic. **Legal Category:** 200ml bottle: P; 100ml bottle: GSL. **Further information is available from:** Pfizer Consumer Healthcare, Walton Oaks, Dorking Road, Tadworth, Surrey KT20 7NS. www.calpol.co.uk

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© CMP Information Ltd Chemist + Druggist

incorporating Retail Chemist, Pharmacy

Update and Beauty Counter

Published Saturdays by CMP Information Ltd,

Sovereign Way, Tonbridge,

Kent TN9 1RW

C+D on the internet at:

<http://www.dotpharmacy.com/>

Subscriptions: (Home) £173 per annum,

(Overseas & Eire) \$412 per annum. Single

copies C+D £3.50 (postage extra). Extra Price

List for subscribers: £16 per single copy; for

non-subscribers: £55 per single copy.

Subscription plus additional Price List: UK

£173 plus £120; overseas: \$412 plus \$205.

Circulation and subscription: CMP

Information Ltd, Tower House, Sovereign Park,

Lathkill St, Market Harborough, Leics. LE16

9EF. Telephone: 01858 468811

Fax: 01858 434958

Refunds on cancelled subscriptions will only

be provided at the publisher's discretion,

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The editorial photos used are courtesy of the

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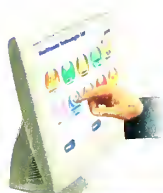
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For a free demonstration, without obligation, please call:

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www.healthpoint-europe.co.uk

Dtecta probiotics range SBC has gels to sell

The Dtecta range of probiotics was introduced to pharmacy at the Pharmacy Show. The shelf-stable products contain friendly bacteria with each of the six formulations tailored to a particular need.

DiarSafe provides *Saccharomyces boulardii* to boost immunity and stop diarrhoea without blocking the digestive system. A'Biotica is recommended for patients taking antibiotics to maintain gut flora during and after a course of the medicine. AntiBloat includes both pre- and probiotics to tackle bloating resulting from, for example, overeating and excessive gas. It can help with bloating associated with menstruation, says Dtecta.

Travala is designed for people at risk of traveller's diarrhoea while Immunox combines probiotics and antioxidants to boost the immune system and ward off colds and other infections. OptiBac is described as the "best general multi-strain probiotic available", supplying six probiotic strains and prebiotic fructooligosaccharides.

The products offer a minimum 40 per cent margin, says

Dtecta. In the UK, the probiotics market is worth more than £300 million, made up primarily of yoghurt drinks and fermented foods sold in supermarkets, adds the company.

Prices: from £2.99 (DiarSafe) to £8.99 (OptiBac)

Product info:

Medipharma
Tel: 01264 339770
sales@medipharma.co.uk



Sail icon to boost sales image



NRT brand Nicorette is preparing for the peak quitting season with redesigned packaging, a licence change and a new advertising campaign.

The new look packs are said to be inspired by a yacht's sail and convey freedom, optimism and modernity. Pfizer hopes the design will draw the eye and help the brand stand out from other NRT brands. Nicorette Microtab, for sublingual use, has been reclassified as GSL.

The brand is being supported by a £1.5 million prime time TV ad campaign running this month with another burst scheduled for after Christmas. Ill-fated smoker Dave is seen in the 30 second execution, which conveys the brand's 'Cut down then stop' message.

Product info:

Pfizer Consumer Healthcare
Tel: 01304 616161



SBC, a cosmetics brand familiar to viewers of the QVC shopping channel and salon users, is looking for retailers to sell its products to the public.

Introducing itself at the Pharmacy Show, the company has put together a shelf display unit containing three 175ml tubes of four of its gel products: propolis, collagen, arnica and echinacea. A trade offer saving 29 per cent on the usual price is available until the end of the year and consumers can benefit from a £2 reduction on the usual retail price.

The water-based gels, containing natural ingredients and suitable for all skin types, can be used in combination for beauty, holistic, sports injury and first aid applications, says SBC.

Price: £6.95/175ml

Product info:

SBC Gels
Tel: 01449 727000
www.sbcgels.co.uk

Gen up on cold sores

Pharmacy assistants can learn more about cold sores through a new training programme from GlaxoSmithKline. Sponsored by the Zovirax cold sore brand, 'Word of mouth' covers the causes, management and treatment of the condition. Following successful completion of a self-testing questionnaire, a certificate is issued.

GSK has used what it calls strong visuals such as whispering silhouettes to engage pharmacy assistants with the modules. A quarterly newsletter will be sent out highlighting seasonal cold sore triggers and updating modules with

new information as necessary.

Mailers are being distributed or pharmacists can request a training pack by calling the number below.



Product info:

GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637

Launch spot on for Superdrug

The Oxy skincare range has been extended with the launch of the Emergency Zit Blitzer. The anti-spot gel is supplied in a pocket sized tube.

It includes three antibacterial agents and a moisturiser. The Zit Blitzer is currently exclusive to Superdrug.

Product info:

Powered Healthcare
Tel: 0845 222 0555

Price: £4.49/10ml
Pip code: 324-3722



Introducing **NEW** Vicks First Defence Protective Hand Foam

A sneeze on your hand can help spread a virus, a cold or even worse. Introducing Vicks First Defence Protective Hand Foam, the ONLY hand foam that works by forming a **LONG-LASTING PROTECTIVE** barrier on your hands. It immediately kills germs already on your hands and provides you with **3 HOURS PROTECTION** against picking up new germs.



Why do hands need long-lasting protection from germs?

A sneeze on hand is host to thousands of cold germs. These germs can spread to anything the hand touches including someone else's hand, everyday objects and surfaces, where some germs can survive for up to 72 hours³.

Washing hands is basic hygiene and an important way to control the spread of germs, but as soon as you touch another surface you can pick up new germs. The key to reducing the chances of infection via the hands is a **long-lasting action against new germs**.

"With over half of new patient complaints at an average doctor's surgery being cough and cold related there is a clear need for a product like Vicks First Defence Protective Hand Foam."

Professor Alyn Morice,

Professor of Respiratory Medicine and Head of Division of Academic Medicine, Hull University

What is it and how does it work?

It is a light foam that is quickly absorbed onto the hand to provide long-lasting protection against cold and other germs

The low pH foam works immediately and is clinically proven to physically inactivate cold and other germs already on the hands

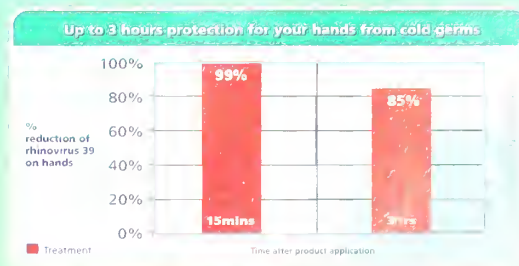
The foam's polymer barrier forms an invisible shield that continues to protect the hands from new germs for up to 3 hours



What does our research show?

Hands treated with Vicks First Defence Protective Hand Foam had 99% fewer cold germs after immediate use than untreated hands

Hands treated with Vicks First Defence Protective Hand Foam had 85% fewer cold germs after 3 hours than untreated hands



Stock up now! TV starts November 2006

For further information please contact Freephone 0800 160 3140 (UK) 1800 500 530 (US)

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Hermal are pleased to
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Hermal, part of: Reckitt Benckiser Healthcare (UK) Ltd
Dansom Lane, Hull HU8 7DS

If you would like to arrange a visit from a
sales representative please phone: 01603 735 222
Medical enquiries: 0500 455456

Hermal products in dermatology

Screen test

The Novogen Menopause Test is to
benefit from TV and press advertising
this autumn. Ads will be seen on
GMTV around Lorraine Kelly's LK
Today programme. Of its five million
viewers, nearly a quarter are believed
to be women of menopausal age.

Ads are scheduled to run in
women's magazines and national
newspaper weekend supplements,
bringing the promotional spend
to £250,000.

Product information:

Novogen

Tel: 01753 833321

www.isitthemenopause.com



I might be.
I might be not.

You could be.

Take the test.

Novogen Menopause Test

Novogen Menopause Test

Novogen Menopause Test

Novogen Menopause Test

Novogen Menopause Test

Products in brief

0184, Dry £18.95/50ml, 324-1759
Cosmetique Active
Tel: 020 8762 4030

Vichy targets over 50s

NeOvadiol day and night creams
have been launched by Vichy
Laboratories. Designed for women
over the age of 50 experiencing
hormonal changes, NeOvadiol
increases skin density and
reinforces underlying skin structure,
thereby improving the appearance
of sagging skin, claims Vichy.

The day and night creams
contain isobioline, a lipo-
restructuring agent, and the anti-
ageing molecule Pro-Xylane. The
range has replaced Novadiol.
Prices, Pip codes and size: Day
cream £18.95/50ml, 282-0173;
Night cream £19.25/50ml, 297-

Easing congestion

Vicks Sinex has launched a capsule
variant for sufferers of sinus
congestion. Each capsule delivers
500mg paracetamol and 12.18mg
phenylephrine HCl. One should be
taken every four hours up to a
maximum of four in 24 hours. The
GSL product should not be given to
children under 12.

The new product will be
supported with marketing, PR and
TV and press advertising beginning
this month.

Prices and Pip codes: £2.99/10,
322-2155; £3.99/16, 322-2163
Procter & Gamble
Tel: 0800 5974040



Products advertised
on TV next week

Ambi Pur: All areas & satellite except Ulster
Bassetts Soft & Chewy Omega 3: GMTV, Sat

Buttercup: All areas & satellite except C4, five

Cura-Heat Arthritis Pain Knee: C4, five

Cura-Heat Back & Shoulder Pain: C4, five

Cura-Heat Arthritis Pain Wrist: C4, five

DulcoEase: GMTV

New Gaviscon Double Action: All areas & satellite

Lyclear SprayAway: All areas & satellite except C4, five

Seven Seas Cod Liver Oil: All areas

TENA Lady Mini Magic & TENA pants: All areas

Ymea: All areas & satellite except C4, five

PharmaSite for next week: Zovirax – Windows, Meltus –

In-store, **Pepto Bismol – Dispensary**

Pharmacy channel: Anadin Ultra Double Strength, Eucerin, Dulcolax

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton,
CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian,
HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-
Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Profit early this Christmas



Lots of Christmas presence in-store

Unilever has made stocking up for Christmas easy with a range of gift packs from our top selling brands:

Dove

LYNX

SURE
MEN

Impulse

LUX

And with recommended retail prices ranging from as little as £2.49 up to £12.49 there really is something to suit everyone. Stock up NOW and make sure you profit early this Christmas.

STOCK UP TODAY

Xmas excess or GI blues?

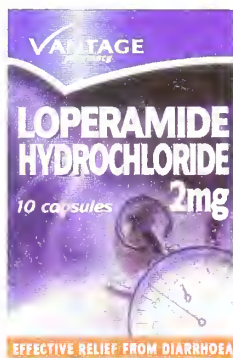
With Christmas and all its overindulgence not far away, we take a look at the difference between straightforward indigestion and more serious GI conditions

Steve Bremer

Some people never learn: two-thirds of British people confess to overindulging on rich food and drink during the festive period, and one in 20 makes themselves ill every year by eating too much. A WindSetters survey found that a third of respondents put on up to 1.8kg over Christmas and 10 per cent put on 3.62kg.

This all provides rich pickings for pharmacy, with many of the overindulgent turning to OTC therapy to treat their symptoms. The gastrointestinal category is a strong one for pharmacies, according to statistics from AAH Pharmaceuticals, with some 38 per cent of sales being generated by pharmacy-only medicines.

"Many sufferers look to stomach and digestion products available from their pharmacy as an alternative to seeing a doctor," says Ajit Malhi, professional services manager at AAH. "Pharmacists play a vital role in counselling patients towards products that will relieve their symptoms, as well as identifying people whose symptoms may indicate a more serious or chronic



condition and need a recommendation to visit their GP for further evaluation."

Pharmacists should also provide appropriate healthcare advice when recommending OTC products. For example, useful advice for patients suffering from indigestion includes reducing their consumption of fatty foods and alcohol and stopping smoking if the patient smokes.

Effective signposting to other service providers is an important consideration when dealing with patients presenting GI symptoms or asking for advice on their GI-related condition. There is a wealth of organisations providing advice and support for sufferers, ranging from manufacturer supported services to healthcare charities.

Signposting

The Coeliac Disease Resource Centre (CDRC), supported by Glutafin, provides a wide range of resources, ensuring that healthcare professionals are kept up-to-date with the latest developments in coeliac disease and related areas. In addition there is a dedicated healthcare professional helpline number which is manned by a state-registered dietician on weekdays and a devoted

healthcare professional website.

This website has a specific section for pharmacists, which includes a certificated education programme on coeliac disease and the gluten-free diet for pharmacists and assistants. The pharmacists' unit has been awarded the National Pharmacy Association Training Seal. A 12-page colour booklet for pharmacists about coeliac

disease is also available from the CDRC.

For further information contact the CDRC on 01225 711 566, email cdrc@nutricia.co.uk or visit the website at www.cdrc.org.uk (password cdrc).

Glutafin has launched a free support programme for patients newly diagnosed with coeliac disease.

Patients entering the programme receive information and free samples to help them learn more about their condition and how to adopt a gluten-free lifestyle. The programme includes:

- Two welcome boxes in the first month of joining
- Monthly communications that offer ongoing support and advice.

- Further advice, information, recipes and cooking tips via the 'Newly diagnosed' section of the Glutafin website – www.glutafin.co.uk

To join the programme, patients have to return reply paid starter card to Glutafin. Copies of these cards are available to healthcare professionals via the Coeliac Disease Research Centre.



Glutafin has also published a booklet for people with coeliac disease that focuses on eating healthily while following a gluten-free diet.

The 'Healthy eating and a gluten-free diet' booklet contains information on the benefits of healthy eating, explains a balanced diet and gives details on portion sizes and food labelling. It is available free of charge from the CDRC.

Pharmacists now have access to a new training programme on bowel health. 'A Pharmacy Guide to Bowel Health', which has been developed by Boehringer Ingelheim Consumer Healthcare and is accredited by the College of Pharmacy Practice, covers the management of common bowel conditions including constipation, diarrhoea and IBS. Pharmacists can receive a free copy of the guide by calling 01344 741160, or download a copy from www.bowel-health.co.uk

Signs and symptoms

Gastrointestinal problems often present with vague symptoms, many of which are common to a range of conditions. It is therefore important that pharmacists bear in mind the key warning signs of serious conditions when advising patients presenting with GI symptoms.

Gastritis is a term used for several different conditions that all involve inflammation of the stomach lining. It can be caused by excessive alcohol, NSAIDs or *H pylori* infection. It can also develop after major surgery, trauma or severe burns and can be caused by certain diseases such as pernicious anaemia, and autoimmune disorders.

The most common symptoms are abdominal upset or pain. Other symptoms include belching, abdominal bloating, nausea and vomiting.

Coeliac disease is a permanent condition where immune mediated damage to the small intestine is triggered by gluten.

Patients with coeliac disease may present with features of malabsorption:

steatorrhoea (excess fat in faeces)/diarrhoea
abdominal bloating
weight loss
anaemia
fatigue.

But these symptoms present much less frequently than the following more vague symptoms:

vomiting
recurrent mouth ulcers
muscle weakness
bone and joint pain
infertility.

Some symptoms may be confused with irritable bowel syndrome or wheat intolerance. Some patients may be asymptomatic and only diagnosed through screening programmes.

Irritable bowel syndrome is a group of functional bowel disorders in which abdominal discomfort or pain is associated with defaecation or a change in bowel habit, and with features of disordered defaecation. A functional bowel disorder is defined as a disorder of GI function in the absence of any discernible pathology.

Patients fall into three categories:

alternating between constipation and diarrhoea associated with abdominal discomfort, bloating and constipation
associated with abdominal discomfort, faecal urgency and diarrhoea.

Most patients do not fall into any one category, and considerable overlap occurs.

Crohn's disease

Crohn's disease causes inflammation of the gut wall along any part of its length. The disease flares up occasionally and symptoms vary depending on which part of the gut is affected. The main symptoms are:

- pain
- urgent diarrhoea, which may be mixed with mucus, pus or blood
- severe tiredness
- weight loss
- anaemia
- mouth ulcers
- anal fissures.

Some patients may experience inflammation in other parts of the body, leading to arthritis, rashes and uveitis.

Typical symptoms include abdominal pain or discomfort associated with:

- abnormal stool frequency
- abnormal stool form
- abnormal stool passage, eg straining, urgency, feeling of incomplete bowel movement
- passage of mucus
- bloating or abdominal distension.

Abdominal pain or discomfort may be relieved on defaecation. Symptoms begin before the age of 35 in half of patients and 40 per cent of sufferers are aged 35 to 50. Many people can trace the onset of their symptoms back to childhood.

Conditions with similar symptoms include:

- gastrointestinal carcinoma
- inflammatory bowel disease, eg Crohn's or ulcerative colitis
- malabsorption, eg coeliac disease
- GI infection, eg giardiasis.

IBS symptoms may also be confused with diverticulosis, certain gynaecological, urological, endocrine and psychological disorders.

Diverticulitis symptoms are caused by inflamed diverticula (small, narrow-necked pouches formed by mucosal herniations through muscle layers in the wall of the large bowel). Most people with diverticula are asymptomatic (diverticulosis). Diverticular disease describes diverticula with symptoms, and diverticulitis describes diverticula with associated inflammation and infection of the bowel wall.

The prevalence of diverticular disease increases with age, from about 5 per cent in people under 40 to about 65 per cent of over 65s. In uncomplicated diverticular disease most people present with lower abdominal pain, classically in the left iliac fossa, but they may also report bloating and constipation.

Symptoms of diverticulitis are:

- constant, often severe, pain, beginning in the hypogastrium and localising to the left lower quadrant
- fever and leucocytosis
- altered bowel habit, with diarrhoea more frequently than constipation
- nausea and vomiting
- dysuria and urinary frequency
- rectal bleeding.

Bowel cancer is the second biggest cancer killer in the UK – 35,500 people are diagnosed with the disease every year and half of these die. However, this is one of the most curable cancers if the disease is caught early enough.

Symptoms are often vague and difficult to

Other sources of information

- CORE (Digestive Disorders Foundation); tel: 020 7486 0341, www.corecharity.org.uk
- IBS Network, tel: 0114 272 3253, www.ibsnetwork.org.uk
- National Association for Colitis and Crohn's disease, tel: 0845 130 2233, www.nacc.org.uk
- Cancerbackup, tel: 0808 800 1234, www.cancerbackup.org.uk

diagnose but bowel cancer is rare in people under 50. They may include any of the following:

- blood in the stools
- dark/black stools
- vague/crampy abdominal pain
- weight loss
- diarrhoea.

Winter vomiting disease is the most common cause of gut infection in this country, with up to a million cases in England every year. It is a type of gastroenteritis caused by a virus that occurs mainly, although not exclusively, in the winter months.

A brief, mild illness usually develops one or two days after infection and lasts for up to three days. The main symptoms are:

- nausea
- sudden onset of vomiting
- diarrhoea
- abdominal pain and cramps
- headaches
- fever
- tiredness.

Wheat intolerance: food intolerances can trigger symptoms such as migraines, bloating or skin rashes, and in some cases can worsen symptoms of asthma and eczema.

There is much confusion among the general public about the difference between an allergy and an intolerance and many people wrongly believe that they suffer from an adverse reaction to certain foods.

Wheat allergy is extremely rare, and only 0.1 per cent of the population (excluding coeliac disease) suffer from any adverse reaction to wheat, be it allergy or intolerance. Wheat-based foods normally contain a mixture of ingredients, any of which could cause an adverse reaction. ▶

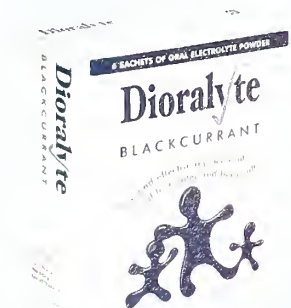
An enhanced gluten-free service

Pharmacists in mid-Sussex are supplying gluten-free foods directly to patients as part of an enhanced service. Following an initial consultation with the pharmacist, patients with coeliac disease or dermatitis herpetiformis can place monthly orders for their supplies and collect them directly from the pharmacy.

Contractors are paid £15 per initial patient consultation, then £8 per patient per month plus reimbursement of product costs. The scheme began in August and will be reviewed at the end of January.

Rakesh Patel, pharmacist at Crawley Doctors Pharmacy in Crawley, says patients appreciate the convenience of the enhanced service. "Feedback has been very good purely because it's quick and easy for them. I can't see any gluten-free patients in my area not wanting to use the service."

Counter dehydration with Dioralyte



Headaches, constipation, weakness, tiredness and irritability are all signs of dehydration, a common side effect of stomach upsets. While drinking plenty of water will

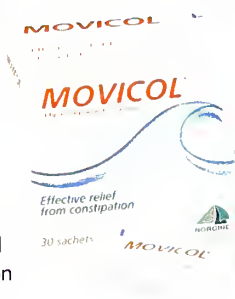
help, rehydration can be boosted by using Dioralyte, says Sanofi Aventis.

Dioralyte and Dioralyte Relief are suitable for infants, children and adults and replenish salts and fluids lost by the body. The range is the leading rehydration product, holding 82 per cent of the market (source: IMS, March 2006). Blackcurrant, citrus and natural flavours of Dioralyte are available, together with blackcurrant and raspberry variants of Dioralyte Relief.

Sanofi Aventis
Tel: 01483 505515

Move it with Movicol

Movicol (and Movicol Paediatric Plain for children) is the only oral treatment licensed for faecal impaction in children, adults, adolescents and the elderly. Its formulation is designed to minimise electrolyte disturbance. The



combination of macrogol and electrolytes in Movicol means that when it is mixed with 125ml of water it avoids the salt depleting and

dehydrating effects of conventional osmotic laxatives.
Norgine Pharmaceuticals Ltd
Tel: 01895 826600

Zantac blue man back for Christmas

GlaxoSmithKline Consumer Healthcare continues its focus on Zantac 75 with its 'blue man' commercial returning to television screens over Christmas.

The campaign targets women aged 45+, with emphasis on the product's 'up to 12-hour relief' claim. It will run from December 18 to 31 in a £260,000 spend.

GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637



Let DulcoEase take the strain

Boehringer Ingelheim Consumer Healthcare launched DulcoEase in July, the first stool softener for self-medication. The launch is supported with a £2.5 million marketing campaign.

Anna Maxwell, OTC marketing director at Boehringer, says: "Research has suggested that over six million people across the UK experience strain, pain or hard dry stools, and half of these suffer at

least once a week. However, our research shows that less than half do anything about it because they do not feel they have access to an appropriate treatment option."

DulcoEase capsules, which contain docusate sodium, are taken one to five times daily and soften and hydrate stools after two days.
Boehringer Ingelheim Ltd
Self Medication Division
Tel: 01344 424600

Dulcolax Tablets & Suppositories, Perles & Liquid

Active ingredient: Tablets- bisacodyl 5mg, suppositories- bisacodyl 5mg & 10mg Perles - gelatin capsules containing 2.5mg sodium picosulfate as monohydrate, liquid - sodium picosulfate 5mg/5ml. Indication: Short term relief of constipation. Dose: Adults and children over 10 years: One to two tablets, one to two 5ml spoonfuls or two to four capsules at night, or one 10mg suppository in the morning. Children under 10 should not take Dulcolax tablets, suppositories, capsules or liquid without medical advice. Children 4-10 years: One tablet, half to one 5ml spoonful, or one to two capsules at night, or one 5mg suppository in the morning. Children under 4 years: Tablets and capsules not recommended. Liquid - 250 micrograms per kilogram body weight or one 5mg suppository under medical supervision only. Contraindications: Intestinal obstruction, ileus, acute surgical abdominal conditions like acute appendicitis, acute inflammatory bowel diseases, hypersensitivity to bisacodyl, sodium picosulfate or other component, and severe dehydration. Suppositories should not be used when anal fissure or ulcerative proctitis with mucosal damage are present. Precautions: Not to be taken on a continuous daily basis for more than five days. Prolonged excessive use may lead to electrolyte imbalance and hypokalaemia, and may precipitate onset of rebound constipation. Diuretics or adreno-corticosteroids may increase the risk of electrolyte imbalance. Antibiotics may reduce laxative action of the liquid or capsules. Do not crush or chew the tablets, milk or antacids should not be taken within an hour before or after the tablets. Dulcolax Tablets/Suppositories/Perles and Laxoberal Liquid should not be used in pregnancy, especially the first trimester, unless the benefits outweigh any possible risk to the foetus. Not recommended for breast-feeding mothers. Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrose-isomaltase insufficiency should not take the tablets. Side-effects: Tablets/Supp./Liq. Abdominal discomfort (abdominal pain or cramps), diarrhoea occasionally. Tablets/Supp.: Very rarely allergic reactions including isolated cases of angio-oedema and anaphylactoid reactions. Supp. only: Local irritation. Perles Common: Abdominal discomfort, abdominal pain, abdominal cramps, diarrhoea. Liquid/Perles: Rare: Allergic reactions, including skin reactions and angio-oedema. Product Licence Holder: Boehringer Ingelheim Limited, Ellesfield Avenue, Bracknell, Berkshire, RG12 8YS. Presentations and retail price: 10 tablets £1.25, 20 tablets £2.09 or 40 tablets £3.89 PL 00015/0240 (GSL). 60 tablets £4.69 or 100 tablets £5.69 PL 00015/0241 (P). Suppositories for children 5mg, 5 £1.69 PL 00015/0242 (P). Suppositories 10mg, 10 £2.75, 20 £4.85 PL 00015/0243 (P). Laxoberal liquid 100ml £3.25, 300ml £7.75 PL 00015/0249 (P). Perles 50 capsules £4.59 PL 00015/0254 (P) or 20 capsules £2.99 PL 00015/0254 (GSL). For full product information please see summary of product characteristics. Prepared May 2006.

DulcoEase

Active ingredient: docusate sodium 100 mg capsules. Indication: Stool softener in the prevention and treatment of chronic constipation; to soften hard, dry stools to ease bowel movement and reduce straining or to prevent hard, dry stools and reduce straining in the presence of haemorrhoids (piles) or anal fissure. Dose: Adults, Elderly and Children 12 years and over: One capsule up to 5 times per day (maximum 500 mg). Initially try 3 capsules and adjust according to need. Reduce the dose when you feel more comfortable, usually 1-2 days. Children under 12 years: Not recommended. Contraindications: Do not take if you have abdominal pain, nausea, vomiting, intestinal obstruction, hypersensitivity to any constituent, or fructose intolerance. Do not take with a mineral oil laxative. Precautions: Consult a doctor if you have persistent stomach ache, or need this medicine every day. Contains sorbitol: do not take if sorbitol or fructose intolerant. Contains colouring E110. Please see doctor before taking if pregnant, thinking of becoming pregnant, or breast feeding. Side-effects: Rarely diarrhoea, nausea, abdominal cramps or skin rash.

Distributor: Boehringer Ingelheim Consumer Healthcare, Ellesfield Avenue, Bracknell, Berkshire, RG12 8YS, UK. Product Licence Holder: Schwarz Pharma Ltd, 5 Hercules Way, Leavesden Park, Watford, WD25 7GS, UK. Presentations and retail price: 30 capsules £4.99 PL 04438/0032 (GSL). For full product information please see summary of product characteristics. Prepared September 2006.

Buscopan IBS Relief

Active ingredient: Tablets containing hyoscine butylbromide 10mg. Indication: Relief of gastro-intestinal tract spasm associated with medically confirmed irritable bowel syndrome. Dose: adults (over 12 years) only: initially 1 tablet three times daily, increasing if necessary to 2 tablets four times a day. Contraindications: myasthenia gravis, megacolon, narrow angle glaucoma, known hypersensitivity to any component. Warnings and precautions: conditions characterised by tachycardia, those susceptible to intestinal or urinary outlet obstruction, pyrexia. Warn patients to seek medical advice if they develop a painful red eye with loss of vision whilst or after taking Buscopan IBS Relief. Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrose-isomaltase insufficiency should not take Buscopan IBS Relief since the tablet coat contains sucrose. Advise patients to consult their doctor before taking IBS Relief if: age over 40 years and some time since the last attack of IBS or the symptoms are different, recent rectal bleeding, severe constipation; nausea or vomiting, loss of appetite or weight; difficulty or pain passing urine, fever; recent travel abroad. Advise patients to consult their doctor if they develop new symptoms, or if symptoms worsen, or if they do not improve after 2 weeks of treatment. Interactions: Co-administration with a dopamine antagonist may diminish the effect of both medicines. Undesirable effects: dry mouth, tachycardia, hypersensitivity, skin reactions. Rare: urinary retention; dysidrosis; isolated cases of anaphylaxis with episodes of dyspnoea and shock. Pack size and retail price: 20 tablets £4.39 PL 00015/0253. Legal category: GSL. Product Licence Holder: Boehringer Ingelheim Ltd., Ellesfield Avenue, Bracknell, Berkshire RG12 8YS. For fuller information please see Summary of Product Characteristics. Prepared in August 2006.

Boehringer Ingelheim Consumer Healthcare:

Experts in Bowel Health

Bowel conditions can have a significant impact on quality of life. They can be painful, uncomfortable, disruptive and unpredictable and not only have a physical effect, but also a huge emotional impact. Many people who suffer with bowel conditions feel embarrassed about seeking advice for their symptoms so pharmacists need to be well equipped with information and advice that will help put customers at ease.

Boehringer Ingelheim Consumer Healthcare are experts in bowel health, supporting the latest thinking and new research on bowel conditions.

Constipation: Myths and Misconceptions

It is a commonly held belief that treatment practices such as increasing fibre intake, fluid and exercise will help to relieve the symptoms of constipation. However, recent evidence has shown that this is not always the case. A review by leading international gastroenterologists has shown that many widely held assumptions are not based on hard fact or medical evidence. Although for some people a diet rich in fibre may be helpful, the authors conclude that for many people with more severe constipation, increasing fibre intake can make symptoms even worse¹.

These significant findings suggest that healthcare professionals may need to re-evaluate the advice they give to patients on constipation. However, pharmacists can rely on the Dulcolax range of laxatives to provide effective relief that is gentle, predictable and kind.

Painful Bowel Movements

Recent consumer research suggests that over six million people in the UK experience training, pain or hard, dry stools, and half of these – that's 3 million people – suffer at least once a week². However, less than half do anything about it, with one of the reasons being that they do not feel they have had access to an appropriate treatment option³. Boehringer Ingelheim has recently introduced a new OTC sub category in bowel health to address this unmet need, with the launch of a stool softener, DulcoEase.

Irritable Bowel Syndrome

The unpredictable cramps and spasms associated with irritable bowel syndrome are often considered the most troublesome symptom for sufferers and can have a significant impact on quality of life. Consumer research³ has shown that: 73 per cent of all IBS sufferers experience abdominal cramps and spasms. Nearly 50 per cent of sufferers experience an IBS attack at least once a week, and 78 per cent suffer at least once a month. Pain is the most troublesome symptom, with many people taking analgesics believing this is the best way to treat the pain, but are often dissatisfied as the pain soon returns.



Dulcolax Tablets (bisacodyl 5mg)

- Stimulant laxative ideal for individuals seeking gentle yet effective overnight relief for constipation
- The special Dulcolax "Comfort Coating" ensures the tablets work only where needed, in the colon

Dulcolax Perles (sodium picosulfate 2.5mg)

- The unique microcapsule format allows for flexible dosage, taking between two and four capsules according to individual needs, making Perles ideal for most constipation sufferers
- Provide gentle yet effective overnight relief within six to 12 hours

Dulcolax Suppositories (bisacodyl available in two strengths: 5mg (for children) & 10mg)

- Especially for anyone who may have difficulty swallowing and those looking for immediate relief
- Dulcolax Suppositories are comfort-shaped to help ensure comfortable and gentle insertion
- Provide gentle yet effective constipation relief quickly within 15 to 30 minutes

For further information, visit: www.dulcolax.co.uk



DulcoEase (docusate sodium 100mg)

DulcoEase softens and hydrates hard, dry stools after only a couple of days, to make going to the loo softer and more comfortable. DulcoEase:

- Is a soft gel capsule taken orally 1 to 5 times a day, allowing the individual to manage painful or difficult bowel movements
- Can also help prevent further problems associated with hard, dry stools such as in haemorrhoids and anal fissures
- Helps to provide gentle yet effective relief within a couple of days

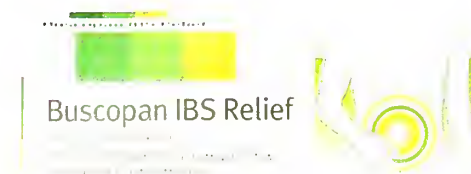
For further information, visit: www.dulcoease.co.uk

Buscopan IBS Relief (hyoscine butylbromide 10mg)

Buscopan IBS Relief is clinically proven to provide effective relief from the painful abdominal spasms associated with medically confirmed irritable bowel syndrome (IBS)

- The active ingredient in Buscopan IBS Relief (hyoscine butylbromide 10mg) has an antispasmodic effect, which works by relaxing the cramping muscle of the bowel
- Unlike analgesics, which work by masking the pain, Buscopan IBS relief works directly on the cramps and spasms to prevent the cause of pain
- Hyoscine butylbromide has natural origins derived from the daboia plant
- Buscopan IBS Relief is available in a 20-tablet pack providing relief to cover the period of a short attack

For further information, visit: www.buscopan.co.uk



Reference: 1. Muller-Lissner SA, Kasperk MA, Neuhof A, et al. WPA A. Myths and Misconceptions About Constipation. *Alimentary Pharmacology and Therapeutics*. 2003;177:1233-1240. 2. TNS Consumer Research. 2006/4. The Changing Face of Bowel Health. Consumer Research. 3. *Alimentary Pharmacology and Therapeutics*. 2003;177:1233-1240.

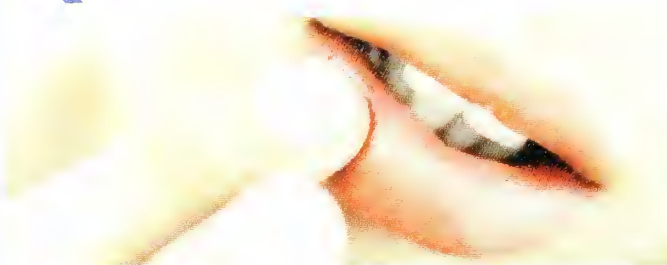
Leaders in education Boehringer Ingelheim Consumer Healthcare is proud to lead the continuing education on bowel conditions for pharmacists and support staff. A Pharmacy Guide to Bowel Health, accredited by the College of Pharmacy Practice (CPP), and supported by a

multidisciplinary group of expert advisors, is a comprehensive, practical training resource bringing together the latest thinking on bowel conditions. It is available free of charge by calling: 01344 741160. Downloadable copies are also available online at www.bowel-health.co.uk

Fenistil Cold Sore Cream

Penciclovir

Q Why should I recommend Fenistil for the treatment of cold sores?



A Until now aciclovir has been considered the standard topical treatment for cold sores available over the counter.

Now FENISTIL COLD SORE CREAM offers a clinically proven alternative to recommend to your customers.

FENISTIL offers three key benefits:

- Speeds up healing
- Shortens duration of pain
- Shortens time a cold sore is infectious

Fenistil Cold Sore Cream contains penciclovir, a topical antiviral agent that shows clinical activity against herpes simplex virus types 1 and 2. It has been switched from POM (where the brand name is Vectavir) to Pharmacy sale by Novartis Consumer Health. It is indicated for the treatment of herpes simplex virus infections of the lips and face, a condition known as herpes labialis, in adults and children over 12.

In two large placebo controlled trials^{1,2} involving over 3,000 sufferers penciclovir cream showed statistically significant efficacy in:

- Lesion healing - reduction of approximately one day
- Resolution of pain - 25-30% faster than placebo
- Period of infectivity - 40% faster at stopping shedding of virus

To ensure effective treatment and to minimise the period of infectivity – both key concerns for sufferers – access to effective antiviral treatment needs to be as early as possible, which is why many sufferers choose to visit a pharmacy rather than wait for a GP appointment. And despite the GSL products on the market, 75 per cent of cold sore products are still sold through pharmacies.

To help you get the Fenistil message across, the launch of Fenistil Cold Sore Cream will be supported with consumer advertising this year and through into 2007. Training materials are available for pharmacists and medicines counter staff. To obtain your pack:

- Speak to your Novartis Consumer Health representative
- Phone the customer care help line on 01403 218 111
- E-mail customer.care@novartis.com

References:

1. Kaplan H, et al, Br J Clin Pharmacol (1977) 277: 1374-9
2. Pavan GW, Murri LA Y, Lassonde M et al. (2002) J Am Dent Assoc, 133: 111-115

Fenistil Cold Sore Cream is for the treatment of herpes simplex virus infections of the lips and face (herpes labialis) in adults and children over the age of 12. Presentation: 2g tube of cream containing penciclovir 1.0% w/w. RRP: £6.49. Legal category: P. For further information contact Novartis Consumer Health, Wimblehurst Road, Horsham RH12 5AB.



Freshly baked from Juvela

Patients can now get freshly baked gluten-free bread from their pharmacy.

Juvela's new gluten-free fresh bread is baked and delivered twice a week direct to the pharmacy. Patients can choose between a Wednesday or Friday delivery.

Loaves can be ordered in cases of eight on 0870 850 5948. For a Wednesday delivery call before 10am on Monday, or for a Friday delivery call before 10am on Wednesday.

SHS International Ltd
Tel: 0151 228 8161



Double action Gaviscon

Reckitt Benckiser's £3.2 million advertising campaign for its new Gaviscon Double Action range runs until December.

Gaviscon Double Action contains sodium alginate, calcium carbonate and sodium bicarbonate to

soothe the burning pain and neutralise excess stomach acid.

Brand manager Claire James comments: "This is the biggest launch for the category for some time. This unique formulation for



Gaviscon means you can recommend this product to all sufferers of heartburn and indigestion as they will all benefit, no matter what the symptoms."

Reckitt Benckiser
Tel: 01482 326151

Rennie advertises for Christmas

Bayer Consumer Care has launched an advertising campaign for Rennie, in preparation for the Christmas season when the brand experiences a 30 per cent uplift in sales.

Bayer has invested £6 million in relaunching the brand with new packaging and a range of four flavours. The Rennie brand manager says: "By stocking the entire Rennie range, pharmacists can recommend a treatment to suit everyone, in addition to maximising profit potential



during the festive season."

Bayer Consumer Care
Tel: 01635 563000

Dulcolax repackaged

Boehringer Ingelheim consumer Healthcare has repackaged its Dulcolax tablets and perles using a wave design that is also used for its new DulcoEase product.

The new packs also highlight that Dulcolax offers "predictable

and gentle relief from constipation". A press advertising campaign reinforces this 'predictability' message.

Boehringer Ingelheim Ltd
Self Medication Division
Tel: 01344 424600

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The most recommended.²

The latest systematic review¹ of 16 clinical trials involving 2,327 patients came to one conclusion: "...a dentifrice containing triclosan/copolymer provides a more effective level of plaque control and periodontal health..."

Davies RM, Ellwood RP, Davies GM. *Journal of Clinical Periodontology* 2004; 31: 1029-1033

Perhaps that is why more UK dentists and hygienists recommend Colgate Total than any other dentifrice.²



As distributed by SHS Sales & Marketing

SIZE	MRRP	PIP CODE
100ml pump	2.39	0853564
100ml tube	1.99	0853572
50ml tube	1.19	0853580



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1. Davies RM, Ellwood RP, Davies GM. *Journal of Clinical Periodontology* 2004; 31: 1029-1033. 2. Data on file, Colgate-Palmolive.

PRODUCT INFORMATION Product Summary Trade Name of the Medicinal Product: Colgate Total Toothpaste Indication: To reduce dental caries, to improve gingival health, to reduce the progression of periodontitis Contraindications: None known. Individuals with known sensitivities should consult with their dentist before using. Special Warnings and Special Precautions for Use: Children under 7 use a pea-sized amount for supervised brushing. If using fluoride supplements, consult your dentist. Interactions with Other Medicaments: None known. It is important to note that as for any fluoride containing toothpaste in children under systemic fluoride therapy, it is important to evaluate the total exposure to fluoride (fluorosis). Undesirable Effects: None known. Legal Classification: Prescription only. Number: P/0148/0038. Product Licence Holder: Colgate-Palmolive (UK) Ltd, Gildford Business Park, Middleton Road, Gildford, Surrey GU10 2AA.

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- Evaluate integration programmes

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Jade Goody

was one of The Final Four, remaining in the Channel 4 reality show Big Brother 3 series until the last day on the 26th July 2002. She came 4th overall, and survived eviction twice, having faced the first and sixth evictions on 31st May and 3th July 2002. Since then Jade has become the most popular contestant of all the Big Brother shows.

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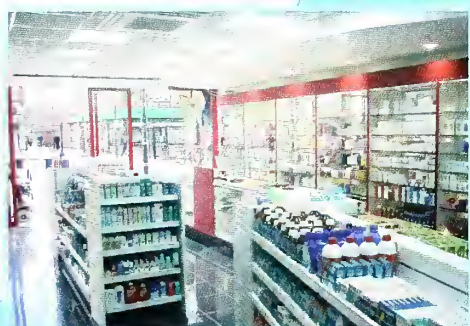
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ADDING VALUE

Australia fuels student's passion for pharmacy

Kent student takes part in congress to discuss teaching and practice

A pharmacy student who won the British Pharmaceutical Students' Association student of the year competition represented the UK at an international event held in Cairns, Australia.

Allison Coll, a second-year student at Medway School of Pharmacy, took part in the International Pharmaceutical Students' Federation annual congress attended by 300 students from 45 countries. They discussed different types of pharmacy teaching and practice around the world.

Ms Coll, who lives in Strood, Kent, said she was very lucky to have the opportunity to meet fellow pharmacists and see some of the beauty of Australia in an action-packed programme.

There were educational sessions and social events, including visits to the Great Barrier Reef and the Australian Outback. There was also the obligatory bungee jump.

"It was a truly unforgettable experience,"



said Ms Coll. "It was inspiring to hear ideas from people from all cultures and my passion for pharmacy has risen to new heights."

Appointments

Co-operative Group Pharmacy has appointed Gordon Farquhar, right, as its new head of commercial. A pharmacist, Mr Farquhar joins the group from Halfords, where he was operations general manager. He will lead the marketing, buying and store development teams and be based at the group's headquarters in Middleton, Manchester.

Cegedim Rx has recruited Robert Soulsby, right, to manage its Nexphase and Mediphase service desk team of 20 analysts.



Anne wins Paris break next spring

A pharmacy assistant from Barnsley has won a Eurostar trip to Paris in C+D's August Pharmacy Travel competition.

Anne Bennett, who has worked at Tripharm Lo's Pharmacy for the past 18 months, said she is looking forward to going to Paris in the springtime with husband David.

Tripharm Lo's is a very busy community pharmacy as it is located next door to a GP surgery. It also delivers prescriptions to the elderly and operates a nomad system to help them with their medicines.

In her spare time, Ms Bennett is a runner. "I'm a member of Barnsley Athletics Club and I've done the London Marathon four times, but now concentrate on shorter distances. I hadn't thought about doing the Paris Marathon, but I am considering going to Prague next year to do a half marathon."



Tournament winner Paresh Patel (centre) accepts his prizes from Nucare's non-executive director David Taylor (left) and divisional director Hiten Rawal

Nucare members show off golf skills

The final of Nucare's annual golf tournament took place at the Menzies Welcombe Golf Course in Stratford-upon-Avon.

Supported by Teva and Actavis, the competition started in May with Nucare members competing in regional events across the country to qualify for the final round. The 12 qualifying players from the regional heats took up their clubs again in

September to compete for first place.

The players battled as if it was the Volvo Masters at Valderrama and the results were close. Paresh Patel from Singlewell Pharmacy, Gravesend, Kent, triumphed with 38 points. The longest drive was struck by Kirit Patel of Roxannes Pharmacy, Middlesex, and Stuart Nicholls of Marden Pharmacy, Kent, was nearest to the pin.

Pharmacists throughout Wales, with their English colleagues, joined forces to make a 216-strong team running for Kidney Wales at this year's Cardiff Marathon & Half Marathon. No other team has managed such a feat since the first event in 2002. Their fundraising did not stop at the finishing line - in addition a gala dinner, with a five-course meal, entertainment and a charity auction, took place at Cardiff City Hall. In total £60,000 was raised to provide renal care, support and research for patients and families throughout Wales. "We were delighted so many people took part and raised money for such a deserving cause," said one of the organisers, Co-operative Group Pharmacy's David Fairclough



WIN a great winter break in MALTA



This superb Pharmacy Travel prize provides the perfect opportunity to swap grey winter days for an all-inclusive break in the heart of the Mediterranean.

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for a 'winter escape' (as temperatures remain around 70 degrees) there is so much to see and do. The capital, Valletta is a magnificent 16th century city, famous for its Grand Harbour and easy to explore on foot. The ancient capital of Mdina (known as the silent city) is also well worth visiting. You will find excellent shopping in Sliema and superb restaurants and night life in St Julian's and Paceville.

The prize is for a couple (sharing a room) or a single traveller and can be taken between 01 January/28 March 2007 (subject to availability). It includes return flights from Heathrow, Gatwick or Manchester, three nights at the four star Ramla Bay hotel, all meals with wine and airport transfers.

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TRAVEL OFFER

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Closing date December 1, 2006

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Answer

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Rules 1 This competition is open to any pharmacist or permanent member of staff who works at an address which receives either C&D or Community Pharmacy 2 Competitors may enter through C&D or Community Pharmacy but may only submit one entry Double entry will disqualify both entries 3 Entries must be on an original coupon from C&D or Community Pharmacy, and to be eligible for the prize entrants must correctly answer the question on the coupon 4 The prize offered will be as stated No alternative holidays or cash prizes will be offered 5 Names of winners will be published in C&D and Community Pharmacy 6 In any dispute the decision of CMP Information Pharmacy Group's publishing director will be final and no correspondence will be entered into 7 Employees of CMP Information Ltd, Holidaysaver and trading divisions and their immediate families are forbidden to enter 8 A purchase is necessary to participate 9 The closing date for this month's competition is as printed on the entry coupon

Send your entry to: Pharmacy Travel, CMP Information, Sovereign Way, Tonbridge, Kent TN9 1RW
Incomplete entries will not qualify for the prize draw/holiday discount voucher



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